DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

CENTER FOR SUBSTANCE ABUSE PREVENTION

CSAP COOPERATIVE AGREEMENTS FOR CENTERS FOR THE APPLICATION OF PREVENTION TECHNOLOGIES (CAPT)

Short title: CAPT

Guidance for Applicants (GFA) No. SP00-005

Part I - Programmatic Guidance

Catalog of Federal Domestic Assistance (CFDA) No. 93.230

Under the authority of Section 501(d)(5) of the Public Health Service Act (42 USC 290aa), as amended, and subject to the availability of funds, SAMHSA's Center for Substance Abuse Prevention will accept applications in response to this Guidance for Applicants for the receipt date of April 26, 2000.

Karol L. Kumpfer, Ph.D. Director Center for Substance Abuse Prevention

Nelba Chavez, Ph.D. Administrator, Substance Abuse and Mental Health Services Administration

Date of Issuance: February, 2000 GRCPT

TABLE OF CONTENTS

Part I - PROGRAMMATIC GUIDANCE Table of Contents

[Note to Applicants: In order to prepare an application, PART II, General Policies and Procedures Applicable to all SAMHSA Guidance for Applicants (GFA) Documents (February 1999 edition), must be used in conjunction with this document, PART I, Programmatic Guidance.]

Section I - Overview
Purpose4
Eligibility4 Availability of
Funds4 Period of
Support5
Section II - Program Description
Supporting Documentation5 CAPT Clients and Target
Populations7 Program Plan
Goals
Design
Cooperative Agreement Grant
Roles
Section III - Project Requirements
A. Project Description with Supporting
Documentation17
B. Project Plan19 C.
Evaluation Methodology and Data Collection22
D. Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other
Support22 E. Post Award
Requirements25

Section IV - Review of Applications Guidelines	
26	•
Review	
Criteria27	
CIICEIIa	
Section V - Special	
Considerations/Requirements32	
Section VI - Application Procedures	
Application Receipt and Review	
Schedule34	
Consequences of Late	
Submission34	
Application Requirements/Component	
Checklist34	
Terms and Conditions of	
Support42	
Award Decision	
Criteria42 Contacts for Additional	
Information42	
IIII OI macion	
Appendices	
APPENDIX A - Instructions For Completing <u>New</u> Application fo	r
Federal Assistance Standard Form	
42444	
APPENDIX B - Instructions for Completing Budget	
Information.49	
APPENDIX C -	
Checklist	
APPENDIX D - Guidelines for Assessing Cultural	
Competence58 APPENDIX E - CAPT-Related Programs and	
Perspectives60	
APPENDIX F -	
References71	
APPENDIX G - Regional Alcohol and Drug Awareness Resource	
(RADAR) Network	
Directory72	
APPENDIX H -	
Glossary85	
APPENDIX I - National Prevention Network - CAPT	
Regions93	
APPENDIX J - CAPT data Collection	
Procedures94	

Section I - OVERVIEW

<u>Purpose</u>

The Center for Substance Abuse Prevention (CSAP), within the Substance Abuse and Mental Health Services Administration (SAMHSA) announces the availability of funds to continue the development and operation of the Centers for the Application of Prevention Technologies (CAPTs)in five regional sites. The CAPTs provide their clients with technical assistance and training in order to apply consistently the latest research-based knowledge about effective substance abuse prevention programs, practices, and policies.

The CAPTs' primary clients are States receiving funds through CSAP's State Incentive Cooperative Agreements for Community-Based Action (SIGs) program. Secondary clients include non-SIG States, U.S. Territories, Indian Tribes and tribal organizations, local communities, substance abuse prevention organizations, and practitioners. The CAPT program is part of the DHHS Secretarial Initiative called the Youth Substance Abuse Prevention Initiative, and it is a major national resource supporting the dissemination and application of substance abuse preventive interventions that are scientifically sound and effective.

Eligibility

Applications are open to any organization with the expertise and capacity to operate one of the five regional CAPTs. Applications may be submitted by domestic public and private nonprofit and for-profit entities, such as units of State or local government, community-based organizations, universities, colleges, and hospitals.

Availability of Funds

CSAP is making \$7.5 million available to support approximately five awards under this GFA in FY 2000. This amount may be increased slightly using CSAP funds in each future year of the project period by up to \$3 million. The average award in FY 2000 is expected to be \$1.5 million in total (direct plus indirect) costs, assuming the award is funded by CSAP funds exclusively. Actual funding levels for each budget period may be significantly augmented on a discretionary basis if current exploratory talks with other federal agencies sharing our interest in substance abuse prevention result in interagency agreements transferring funds to us for this program's use. There may be no such increases. However, under optimum conditions, substantial increases of funding in any given year are possible. Such increases would be for the purpose of providing the same services

to the same clients with greater frequency or to additional clients. Accordingly, actual funding levels will depend not only upon the availability of CSAP's appropriated funds, but potentially upon such interagency agreements as mentioned above, if any. Therefore, applicants should be aware of the need to demonstrate an infrastructure capable of timely response to a sizable expansion of funding. All potential applicants should also be aware that any expansion based on interagency agreements for this purpose will not be competed but will be limited to the applicants funded under this announcement. GFA Part II describes fundable activities.

Period of Support

Support may be requested for a period of up to 3 years. Annual awards will be made subject to continued availability of funds and progress achieved.

II. PROGRAM DESCRIPTION

SUPPORTING DOCUMENTATION

The CAPTs address SAMHSA/CSAP's support of the Public Health Service (PHS) commitment to achieving the health promotion and disease prevention objectives, a PHS-led national activity for setting priority areas. This GFA, entitled "Centers for the Application of Prevention Technologies," is related to the Substance Abuse: Alcohol and Other Drugs priority area of Healthy People 2000 (see GFA Part II). Information about Healthy People 2010 is also available on the World Wide Web at http://www.health.gov/partnerships/.

The CAPTs also support SAMHSA/CSAP's commitment to the Office of National Drug Control Policy's (ONDCP) National Drug Control Strategy's goals and objectives that present the Federal Government's blueprint to reduce drug use and its negative consequences. The CAPT program is particularly responsive to Goal 1: "Educate and enable America's youth to reject illegal drugs as well as the use of alcohol and tobacco." Goal 1 and its supporting objectives are geared toward increasing the resiliency of American children to prevent them from experimenting with alcohol and drugs (see Appendix E and http://www.whitehousedrugpolicy.gov).

The CAPTs are an important part of SAMHSA/CSAP's Knowledge Development and Application (KDA) and Targeted Capacity Enhancement (TCE) programs as they focus on the application of proven prevention approaches at the state and community levels. In essence, the CSAP created the CAPT program as a necessary

intermediary infrastructure that accelerates the application of scientific knowledge into effective prevention actions. Thus, the CAPTs are designed to help practitioners to Apply Prevention that Works by connecting scientific dissemination of prevention knowledge with effective application of that scientific knowledge. Since 1997, the CAPTs have been rapidly transferring knowledge about effective science-based substance abuse prevention strategies, programs, and policies to assist their primary clients (i.e., SIG grantees and other States, U.S. territories, Tribes, and Jurisdictions) and other clients (e.g., communities, prevention organizations and providers) in implementing effective prevention practices that meet State and local needs. Among the knowledge application strategies CSAP expects each CAPT to use are: 1) Establishment of a technical assistance network using local experts from each region, 2) Establishment of a regional advisory committee; 3) Training conferences and workshops to promote skill development in prevention methods related to evidence-based models of prevention; and 4) Innovative use of technology transfer methods (e.g., teleconferencing, online events, video conferencing, and World Wide Web-based technical support and decision support systems).

It is important that applicants understand the CSAP's distinction between the dissemination of information, knowledge synthesis, and the application of science-based prevention. Information dissemination is a process of broadly distributing informational materials. Knowledge synthesis involves analyzing information obtained from evaluation and research programs, Federally-funded prevention initiatives, practitioners, and professionals to develop state-of-the-art recommendations for best and promising practices for substance abuse prevention. Application is adapting these synthesized recommendations to local needs and putting them into effective practice in local contexts. (Appendix E provides detailed information on these distinctions and describes CSAP's Knowledge Application Cycle.)

With guidance from CSAP, the CAPTs promote successful applications through training and technical assistance for prevention service providers and practitioners in how they: 1) access science-based prevention information and knowledge synthesis resources, 2) identify relevant best and promising practices; and then 3)adapt and repackaging them to meet a broad range of client needs for preventive interventions. Therefore, CAPT services are interactive and adaptive, and applicants should recognize that the CAPTs are **not** intended to be one-way prevention information clearinghouses. SAMHSA/CSAP supports several such dissemination resources including: The National Clearinghouse on Alcohol and Drug Information (NCADI) and the

Regional Alcohol and Drug Awareness Resource (RADAR) Network. NCADI is operated under a contract funded by CSAP, and it serves as the primary Federal clearinghouse for the national dissemination of all types of substance abuse information. The RADAR Network Centers are State-based and primarily serve as information dissemination channels to communities within a State. CSAP's knowledge synthesis activities are undertaken primarily by The National Center for the Advancement of Prevention (NCAP). NCAP is operated under a contract funded by CSAP, and it works closely with the CAPTs on identifying needed areas for new knowledge synthesis and related training activities.

<u>CAPT Clients and Target Populations</u>

In general, the CAPT program is intended to support the application of state-of-the-science substance abuse prevention in the contexts of State systems and community-based organizations serving all types of populations at risk for substance abuse. The prevention providers and target populations served by a CAPT reflect the needs and demographics of the region's prevention infrastructures and targeted high risk environments. Applicants should describe the composition of the CAPT region's prevention infrastructures including the State systems and prevention organizations. Applicants should also describe the region's atrisk populations and environments including any specific emerging drug problems and their demographics. CAPTs are required to evidence cultural competencies in staffing, products, and in working with the region's various populations.

Program Plan

Goals

The CAPT program goals are to:

- Increase the capacities of State and community prevention systems to identify, plan and implement effective prevention programs by improving the CAPT prevention technology transfer system.
- Increase the capacity of CAPT clients through technical assistance and training so that they can identify, adaptively apply, and evaluate effective science-based prevention programs, practices, and policies in ways appropriate to the characteristics and environmental contexts of their high risk populations and environments.

Design

Many years of empirical studies in prevention shows there are four basic principles underlying successful dissemination and adoption of innovations: User-Friendly Communication, User-Friendly Evaluation, Resource Adequacy, and Capacity to Address the Complex Human Dynamics of Change. Recent empirical studies of these processes indicate that capacity building by intermediary organizations promote success when they are positioned between the prevention funders (i.e., foundations and government agencies) and those that apply prevention programs. CAPT applicants should recognize that the CAPTs have been funded by CSAP as regional intermediary organizations that actively build bridges between prevention research and scientifically sound prevention practice. The CAPTs' "bridge building" has been effective because they include in their training and technical assistance a focus on the very complex dynamics of change associated with the planning, training, and implementation of science-based innovations in prevention practice. The CAPTs must be able to recognize the interpersonal and organizational dynamics involved in promoting such change. CAPTs must be able to encourage change activities among their clients while transferring knowledge about effective science-based substance abuse prevention programs, practices, and policies. The CAPTs must be able to enable potential adopters of a new prevention policy or program to overcome typical barriers (e.g., organizational inertia, control issues, fear of negative community perceptions) through collaborative planning, implementation and evaluation activities. As they have done since 1997, the CAPTs should be able to link their regional efforts and collaborate on cross-CAPT initiatives to create an essential national resource for the advancement of substance abuse prevention.

The success of the CAPT program points to the importance of each CAPT being innovative, responsive, and proactive. CAPT innovation may be seen in the choice of user-friendly, accessible communications encouraging the adaptation and adoption of best and promising prevention principles, programs, practices, policies, and evaluation methods. CAPT responsiveness may be seen in its attention to the assessment of client needs, the dynamics involved in prevention partnerships, time-saving referrals to prevention material resources (e.g., NCADI), and adaptations of CAPT products to serve the needs of a specific target population and its local environmental contexts. There are four primary types of CAPT products: 1) technical assistance products, 2) training products (including training-of-trainers), 3) media promoting use of CAPT services, and 4) repackaged preventive intervention curricula based on best practices and scientific principles. CAPT proactiveness may be seen in the ways it

anticipates client needs and develops capacity to deliver timely technical assistance and training.

Focus on prevention areas The CAPTs serve many types of client needs. Therefore, applicants will be expected to address a range of substance abuse prevention areas, strategies and perspectives that are priorities for CSAP/SAMHSA, other Federal Agencies, and national organizations. Many of these priorities are congruent and some are unique. For example, each applicant for a regional CAPT must be able to focus its efforts on four key prevention topic areas: youth illicit drug use (with an emphasis on marijuana); underage drinking; alcohol, drugs and violence; and HIV/AIDS as it relates to substance abuse. Applicants should also demonstrate a thorough knowledge about and ability to provide technical assistance and skills development in different prevention strategies. Some examples include: 1) information dissemination, 2) education, 3) alternatives, 4) problem identification and referral, 5) community-based process, and 6) policy and other environmental change processes. The CAPTs are required to provide services related to prevention domains including school, family, community, workplace, managed health care, and prevention service systems. The CAPTs are expected to address the nine prevention priorities identified at the meeting of the 1999 National Substance Abuse Prevention Congress. These are: 1) Strengthen the National Prevention Infrastructure, 2) Strengthen Communities, 3) Strengthen Youth, 4) Strengthen Parents and Families, 5) Strengthen Schools, 6) Strengthen Faith Communities, 7) Strengthen Workplaces, 8) Strengthen Health Care, and 9) Strengthen Prevention Research (see www.preventionsystem.org).

Readiness for Change Applicants must identify how the CAPT would handle problems in readiness for change, organizational and community readiness for prevention, or barriers to adoption of innovations. A CAPT may conduct training and technical assistance in needs assessments and organizational readiness for change (NIDA, 1997). In a prevention technology transfer process, one looks specifically for opportunities (using marketing and opportunity analysis methods) to foster collaborations and to build human resource networks at different levels. For example, each CAPT collaborates with its region's State-based RADAR Network Centers to actively promote and market its prevention technology transfer services in the region. Building a broad range of collaborations combined with the intensive delivery of CAPT services to their clients' results in high visibility, client satisfaction, and substantial amounts of effective, scientifically sound prevention programming. In exploring potential collaborations, CSAP strongly encourages collaborations fostered through opportunity and situational analysis methods. The CAPTs and their clients are encouraged to use an "opportunity analysis" process (see Appendix E) to assist in locating relevant community-based organizations for potential collaborative knowledge application efforts. Then, where appropriate and with the help of a CAPT, the client may undertake a "situation analysis" process itself (see Appendix E) in order to produce a brief profile of the relevant organizations indicating their capacities, resources, readiness, and general appropriateness for the knowledge application process. A keystone of this effort will be the development within each region of long-term synergistic relationships among the CAPT's clients.

CAPT Regions and Identification of Regional Issues The CAPT program is comprised of regional centers that together form a national resource. Each grant application for a CAPT must focus its services on one, and only one, of the five National Prevention Network (NPN) regions. It is required that applicants be physically located within the region to be served. The primary CAPT organization may work with other organizations in or outside of the region. The NPN regions along with the States and their SIGs are listed in Appendix I. (Note that the Border CAPT is the sixth Center within the overall CAPT program. However, it is funded through a different mechanism, and it is currently in its second year having started work in October 1998. The Border CAPT serves a specially defined region - the territory encompassing the 60-mile corridor running parallel to the U.S.-Mexico border. The Border CAPT, Southwest CAPT, and Western CAPT all coordinate closely in the border area of California, Arizona, New Mexico, The Southwest CAPT and the Western CAPT have and Texas. responsibility for serving communities outside the 60-mile border corridor.)

Each CAPT closely monitors the issues identified at the regional level in order to define the specific substance abuse problems and relate them to the prevention priorities identified by CSAP and the 1999 National Substance Abuse Prevention Congress. Applicants are expected to demonstrate an extensive working knowledge of the past 3-5 years of research literature in analyzing critical substance abuse problems. In addition, applicants are expected to demonstrate their general understanding of all problem areas and how these areas may be interrelated within the region's requirements for application of scientifically sound prevention programs, practices, and policies. Applicants are encouraged to discuss other special areas of interest and expertise for the selected region.

The CAPT program has already identified a number of CAPT crossregion prevention issues and activities that have resulted in ongoing CAPT collaborative program activities. One of these is the collaboration involving the Border CAPT, the SW CAPT and the Western CAPT in the Mexican border area. There are also collaborative problem definition and program activities involving all the CAPTs. For example, the CAPTs (with inter-agency funding) conducted in 1998 and 1999 training conferences in all five regions for the Drug Free Community grantees funded by ONDCP. With additional inter-agency funding, the CAPTs also have collaborated with Office of Juvenile Justice and Delinquency Prevention (OJJDP) to provide technical support for these same grantees. Other cross-regional CAPT collaborations have activities coordinated by one or more CAPTs. Examples to date include: 1) The CAPT promotion of client participation in the National Prevention System coordinated by the Central CAPT; 2) the American Indian CSAP initiative facilitated by the Western CAPT; and 3) the exploration of future CAPT services for the Department of Education's Safe and Drug Free Schools Program facilitated by all the CAPTs. As appropriate and feasible, product redesign of resources may be addressed on a cost-sharing basis among the CAPTs. CSAP Project Officers will identify potential grantee collaboration and cost-sharing opportunities throughout the life of the cooperative agreement program.

Training and Technical Assistance (TA) for Prevention

Applications The primary CAPT program activities involve training and technical assistance and technology transfer. CAPT clients require a variety of training and TA services to acquire substance abuse prevention knowledge, gain expertise in science-based prevention and make the organizational and structural changes necessary to effectively apply the knowledge and skills at the State and community levels. Each CAPT is also expected to understand the existing criteria guiding the selection of prevention technology priorities for its region. CSAP expects the CAPTs to focus their efforts on the most-cost-efficient and effective innovations in technology transfer methods.

Non-duplication of Training and Technical Assistance Services to the States Applicants must indicate that they will use their training and TA resources in cost-efficient ways so that they complement and not duplicate the other types of training and TA services available to the States under the block grant statute set-aside requirements. Known as the block grant technical assistance to the States contract, it provides guidance to States in several areas. These are: 1) data collection and reporting on State prevention service needs and delivery; 2) compliance with the provisions of the SYNAR Amendment preventing the sale of tobacco products to minors; 3) prevention involving managed care; 4) State needs assessment and services allocation requirements of the block grant planning process; and 5) issues pertaining to

standards and quality of State-level comprehensive prevention programming. CSAP will continue to work with the CAPT grantees to streamline delivery of TA to the States and to assure non-duplication of effort and funding.

Identification of Expert Advisors and a Regional Advisory Groups
The CAPTs identify experts to assist them in regional technical
support and training. The current CAPTs all have created regional
advisory groups that meet with the regional CAPT staff about
twice a year. There is also a CAPT National Steering Committee
that identifies additional advisors including substance abuse
prevention researchers and representatives of relevant federal
agencies and prevention organizations with staff expertise in
policy, practice, communications, dissemination, and prevention
with under-served populations. Their purpose is to provide broad
scientific and practical guidance at CAPT Steering Committee
meetings on an as-needed basis. As appropriate, the CAPTs will
use guidance from the external advisors to develop
implementation, application guidelines and models which are
tailored to each region's needs.

Environmental Scan of Messages, Programs, Practices, and Policies Each CAPT is expected to assess and monitor its region's substance abuse prevention needs including ongoing service efforts and program gaps. Then together with CSAP, NCAP, and others advising the CAPT Steering Committee, each CAPT will determine which of the wide array of existing prevention programs, practices, and policies (as well as related technologies) is appropriate to meet these needs. Each CAPT is also expected to understand the existing criteria guiding the selection of prevention technology priorities for its region. One month after the award of the grants, there will be a CAPT National Steering Committee meeting at which the national CAPT program policies on prevention technology selection criteria will be reviewed by the CAPT grantees. These criteria also relate to the process involved in evaluating the priorities for preventive intervention programs, practices, and policies to be applied through technical assistance. The process of selecting scientifically sound and effective prevention programs, practices, and policies is a collaborative effort involving the CAPTs and CSAP. Those programs, practices, and policies judged to be the best will be made available to the CAPTs for transfer to and adoption by the field.

<u>Packaging of Prevention Messages, Programs, Practices, Policies, and Related Technologies</u> Prevention materials involving all types of prevention programs, practices, policies, and evaluation methodologies can be packaged in a range of user-friendly versions (both generic and customized) depending on the needs and

readiness for innovation among the CAPT customers. The CAPT may use existing materials drawn from rosters of effective sciencebased programs, practices, and policies (e.g., the National Registry of Effective Prevention Programs (NREPP) and the Decision Support System (DSS, explained below). The CAPTs may develop new packages of materials that will best fit the needs identified by the its customers. The CAPTs may also adapt and repackage materials while carefully preserving their effectiveness. Repackaging must not compromise scientific integrity or effectiveness. These reconfigured packages might be designed specifically for applications most appropriate for the content, audiences, delivery systems, and desired outcomes for a specific target population. To the extent repackaging may require adaptation of materials for cultural appropriateness and language, applicants should propose the skills, staff, resources, and activities (e.g., field-testing) needed to accomplish this task.

Computer Information Technology (CIT) and Decision Support Systems (DSS) Applicants must propose CIT systems that are Y2K compliant and allow for compatible file exchange across platforms. It is expected that grantees will be able to apply CIT at professional levels for the duration of the project. As such, critical technology requirements include a state-of-the-art server platform that allows for long file names and permits PC access via the web to the client-oriented CAPT databases and the CSAP DSS. Each applicant is expected to have a home page with an address (URL) that markets the CAPT program. For consistency, each region's CAPT should use the appropriate domain name format: \boldsymbol{x} capt.org where \boldsymbol{x} is the region (e.g., www.secapt.org, www.wcapt.org, etc.). The regional CAPT's homepage arrangement should be compatible with the CAPTs' World Wide Web homepage www.captus.org. As none of these home pages is an official SAMHSA/CSAP website, the procedures guiding the development and maintenance of a website for the national CAPT program will be decided upon by the CAPT grantees at the CAPT Steering Committee meetings. The CAPTs are expected to actively collaborate and communicate on a regular basis with one another about their products in order to avoid duplication of effort.

Applicants are strongly encouraged to design their CAPT products to be available to and accessible by CSAP's Decision Support System for the Prevention of Substance Abuse (DSS). The DSS is a new CSAP initiative to create and deploy a highly interactive technology transfer program accessed through the World Wide Web. The DSS will support the work of the CAPTs and the information dissemination activities of NCADI and the RADAR Network. Current CAPT grantees are already engaged in the formative studies

involving client needs for the DSS and in the field-testing of the DSS prototypes. The purpose of the DSS is to provide rapid access to all the substance abuse prevention content areas and methods needed by State systems and local practitioners. Examples of the decision support areas include, but are not limited to: 1) assessing local needs and resources; 2) choosing an effective science-based preventive intervention program to help meet local program needs; 3) viewing the intervention program manuals and evaluation measures; 4) obtaining schedules for useful staff training; 5) coding and analyzing the selected prevention program's process and outcome data; and 6) writing useful reports about the program results in the formats required by various funding sources. Funding for the DSS began at the end of FY1999.

Cooperative Agreement Grant Roles

The CAPTs are supported by cooperative agreements, a type of assistance award that involves substantial participation by Federal staff and other resources in the conduct of the project. Such involvement is needed to ensure consistency with policies of the national substance abuse prevention strategies of CSAP, SAMHSA, and DHHS, and to ensure that plans are adequate and appropriate for reaching the intended audiences. Federal staff will provide technical assistance to help ensure that necessary, specialized expertise is available to assist the CAPTs and to facilitate coordination of the CAPTs with other CSAP programs and resources (e.g., NCADI; RADAR Network Centers; NCAP; Prevention Enhancement Protocols {PEPS}; and the CSAP National Registry of Effective Prevention Programs {NREPP}).

Thus, the CAPT Cooperative Agreement mechanism includes substantial post-award Federal programmatic participation in the conduct of the project. CSAP staff will be assigned to work with each awardee as Project Officers and Staff Collaborators. The CSAP Project Officer will monitor the progress of the project and will make recommendations regarding its continuance. Working closely with the Grants Management Officer, the Project Officer will ensure high quality business management of the project, including the most effective use of the Federal financial assistance provided through this cooperative agreement. The Project Officers will also be full members of their respective CAPT's regional advisory boards. The CSAP Staff Collaborators' participation in this program will be substantial. Collaborators will work with the Project Officers to facilitate and coordinate necessary involvement with CSAP contractors and other groups as needed and regularly consult with the awardee on all aspects of the project.

Overall, CSAP staff involvement may include, but is not

necessarily limited to, collaboration in: a) development of selection criteria to choose prevention knowledge to be used in the application process; b) development of appropriate delivery systems; c) development of measures to monitor outcomes of service delivery to the region; d) programmatic advice and technical assistance; e) participation in decision-making through the national CAPT Steering Committee; f) periodic site visits to each site to monitor the development and implementation of CAPT activities; and g) coordination of project activities with other CSAP program operations, and h) review of products prior to publication or dissemination. CSAP staff will carry out these responsibilities in an oversight manner but may not direct, control, or otherwise exercise approval over the day-to-day conduct of the grantee's work.

The CAPT Cooperative Agreement Program also involves a CAPT Steering Committee. The CAPT Steering Committee is composed of the CAPT Project Directors and one member of the CSAP CAPT Management Team (e.g., Project Officers and Collaborators). Each member will have one vote. The Chair of the Steering Committee will be elected by consensus vote by the CAPT Project Directors. The Steering Committee is expected to develop consensual agreements for most decisions about collaborative CAPT activities. Decisions that cannot be made by consensus will be made by majority vote. The CSAP CAPT Management Team member(s) will participate in, but not chair, the Steering Committee. CSAP CAPT Management Team member(s) and designees will also participate as full members of any subcommittees that are established. The CAPT Steering Committee will receive scientific guidance from outside experts, on an as-needed basis. Through another mechanism, CSAP will support the logistics and travel expenses for the outside advisors to the CAPT Steering Committee.

The CAPT Steering Committee also will have responsibility for the development and refinement of the existing core evaluation constructs, measures, and databases. In addition, the CAPT Steering Committee will develop policies, consistent with the provisions congruent with 45 CFR 74.36, on data sharing, access to data and materials, and publications. Publications will be written and authorship decided using procedures developed by the Steering Committee. The quality of publications resulting from the program will be the responsibility of the authors. Publications on which SAMHSA staff are to be included as authors or co-authors must first receive internal agency clearance.) Each CAPT will implement recommendations from the CAPT Steering Committee with adaptations as needed for the purpose of better serving each region's needs.

Indicators and Evaluation of CAPT Program Outcomes

Because a main purpose of the CAPT program is to transfer effective, science-based prevention technologies into routine practice in the field, a CAPT will, in part, measure its performance by the extent to which requested services are delivered, clients met their technical assistance and training needs, client-oriented CAPT services change to appropriately meet those needs, and clients make changes in their own services and/or policies appropriate to science-based prevention practices. Much of this relates to process evaluation as it requires good tracking and data collection for client contacts for services and the delivery of services. The effects and changes to be measured at the client level should be assessed in relationship to the client's specific requests for technical assistance, training and guidance from the CAPTs. However, CAPTs are not expected to evaluate the outcomes or effectiveness of the prevention approaches put into practice by their clients as a result of CAPT assistance. The CAPT Steering Committee and the CSAP CAPT program management team regularly discuss such crosscutting operational issues as evaluation and the Government Performance and Results Act (GPRA, see Appendix J). The CAPTs have collaboratively developed protocols for tracking client service needs and requests and for the quantification (process evaluation) of the CAPT delivered activities. The data collection procedures currently used by the CAPTs are also referenced in Section II Indicators of CAPT Program Success. The data collection procedures currently used by the CAPTs are briefly described in Appendix J, and copies of client tracking MIS forms are posted on the http://www.captus.org/exhibits/.

Each regional CAPT is responsible for conducting appropriate evaluations of its services and products. During the first years of the CAPT program (1997 and 1998), the current CAPT grantees formed a collaborative cross-CAPT evaluation workgroup to develop and refine a common set of process and GPRA outcome evaluation measures. The purpose was to assess the impact of the CAPT program (both regionally and nationally) with regard to its clients' service needs and requests as well as CAPT services received. The GPRA measures are part of the Youth Substance Abuse Prevention Initiative (YSAPI)and CSAP's GPRA plan. The evaluation measures have been implemented in electronic formats that build databases in Microsoft Access. At the end of the CAPTs' second funding year (September 1999), there were three principal types of evaluation databases:

• <u>The Technical Assistance Contact Database</u> - This is a database for information about the CAPT client's needs for and use of technical assistance as they work with their chosen target

populations. Examples of data elements include client characteristics, relationship to State Incentive Grant and State Prevention Block Grant Programs, initial prevention program plans and goals, technical assistance and training needs, and the client's beginning state of sophistication in understanding science and applying effective best and promising prevention practices. The contact database also tracks changes in the client's needs, program planning and objectives, and client reports of applying the recommended principles of prevention science and best and/or promising prevention practices.

- The Event Database This database is used to assess the training needs and readiness of its clients and to quantify the aspects of training workshops that are designed to increase the CAPT clients' knowledge and skills for planning, implementation, and evaluation of prevention programs, practices, and policies.
- <u>Special Activity Assessments</u> This is a database to evaluate CAPT-specific activities and several of the more focused cross-CAPT collaborative activities (e.g., assessing their clients' need for information about prevention infrastructures including the National Prevention System and the client's place within it).

SECTION III - PROJECT REQUIREMENTS

All applicants must provide the information specified below under the proper headings. The information requested relates to the individual review criteria in Section IV of the GFA.

In 5 lines or fewer, 72 characters per line, provide a summary of your proposed project for later use in publications, reporting to Congress, press releases, etc. should the application be funded. This may be the first 5 lines of the required Project Abstract.

A. Project Description with Supporting Documentation

Statement of the Problem

Applicants must describe the substance abuse problems and prevention needs that the regional CAPT should address. The applicant should include in this discussion how these demonstrated prevention needs for the region will inform the ways the CAPT will serve as an intermediary organization building bridges between substance abuse prevention research and scientifically sound prevention practice. The applicant should describe how the CAPT will provide its State and community clients with a range of technical assistance and training services in order to enable them to apply consistently the latest research-based knowledge about effective substance abuse

prevention programs, practices, and policies.

CAPT Clients and Target Populations

Applicants should define the composition of the CAPT region's State prevention service systems and community prevention service provider organizations. This discussion should include information about the differing needs of various types of CAPT clients. The primary clients are States (e.g., 1) States receiving Prevention Block grants plus CSAP State Incentive Grants, and 2) States receiving Prevention Block grants but no SIG), other U.S. Jurisdictions, Tribes, and Territories. Additional clients include communities, prevention organizations, and practitioners. Applicants should also describe the region's target populations at risk for substance abuse with respect to the appropriateness and cultural sensitivity of the project's chosen design, technology transfer strategies, and staffing. The applicant must justify any exclusions of sub-populations with respect to SAMHSA's Inclusion Policy (see GFA Part II).

Purpose and Goals

The applicant should clearly state: 1) the purpose of its proposed regional CAPT program, and 2) how the proposed project's goals relate to the CSAP CAPT program goals.

The applicant should also clearly state its proposed regional CAPT specific program objectives and how they relate to the CSAP CAPT program objectives. These CSAP core objectives for the CAPTs are:

- 1) Increase the transfer and application of substance abuse research-based prevention knowledge;
- 2) Increase organizational skills and preventive intervention expertise among CAPT clients through conventional and innovative technical assistance;
- 3) Implement proactive outreach and marketing strategies for engaging the CAPT clients and encouraging them to adopt effective prevention approaches;
- 4) Continue development of such on-line interactive computer programs as the Decision Support System that the CAPT's clients find useful in accessing substance abuse prevention scientific methods and application technologies;
- 5) Customize existing products and approaches, as needed, to make them more appropriate for the CAPT clients' in terms of agency/organizational capacity, cultural diversity, age, and gender so that the products are adapted to the client's needs and environmental contexts;
- 6) Strengthen the National Substance Abuse Prevention System (NPS) and assist the CAPT clients in identifying their respective contributions to this system and their places in

it.

Applicants should also describe in priority order their expected innovative contributions designed to meet the core CAPT objectives and/or to build capacity for prevention technology transfer, and to expand related services.

B. Project Plan

Design

In this section of the proposal, applicants should describe and justify the design chosen for their project. Specifically, they should:

- State which region the CAPT will serve, the applicant organization(s) location within it, and other relevant information about current capacity to provide CAPT services in the region.
- Provide a persuasive statement of the overall design and how research literature supports their design choices for the CAPT and the chosen approaches to technology transfer.
- Provide a persuasive statement of how the proposed time line for service development and delivery will be efficient and cost-effective in building capacity for the application of effective science-based prevention among State systems and community-based practitioners. New applicants for a CAPT and current CAPTs must include a statement regarding plans and time lines to prevent a drop off in the level of ongoing CAPT services when replacing [or being replaced by] an existing [or new] CAPT organization (see D. Project Management section.
- Provide a clear plan for rapid expansion of service capacity were additional funds to become available (e.g., from an interagency agreement).
- Provide clear explanations of strategies for involving key stakeholders and prevention providers in the initial design and throughout the implementation of the project so that readiness for change is increased and barriers to appropriate program innovations are overcome.
- Clearly state how the proposed design will meet the needs of the specified service systems and target populations groups in their respective environmental conditions.
- Describe how this program will impact Federal agency priorities related to youth illicit drug use (with an emphasis on marijuana); underage drinking; alcohol, drugs and violence; and HIV/AIDS as it relates to substance use.
- Describe how this program will focus on the various Federal prevention priority areas and strategies and the National

Prevention System Objective domains.

- Describe how the CAPT will closely monitor the issues identified at the regional level in order to define the specific, current substance abuse problems and relate them to the prevention priorities identified by CSAP and the 1999 National Substance Abuse Prevention Congress.
- Describe how the CAPT program support the cross-region prevention issues and activities that have resulted in ongoing CAPT collaborative program activities.

Technical Assistance (TA) for Prevention Applications The primary CAPT program activities involve technical assistance, technology transfer, and related training. CAPT applicants must describe their plans to:

- Develop their clients' readiness and ability to acquire and apply new prevention technologies;
- Increase their clients' understanding and/or competence regarding use of specific prevention methods or skills;
- Provide assistance to clients so they may better revise and adapt specific prevention materials, products or services to fit the unique circumstances of the users.
- Provide assistance to clients so they may analyze and develop prevention infrastructures at local and State levels and identify how their respective program(s) contribute to the National Prevention System.

<u>Identification of experts and a regional advisory panel</u> Applicants are expected to:

- Present plans for identifying and organizing the available local experts into a comprehensive network in their region and thus increase the range and depth of competencies available for CAPT work.
- Describe how they will work together in order to: 1) develop a cross-regional pool of expertise to strengthen the CAPT presence as a national resource; and 2) involve external advisors to the CAPT Steering Committee.
- Recruit and work collaboratively with a regional advisory group.

Environmental Scan of Prevention Organizations, Messages, Programs, Practices, and Policies Each CAPT applicant should describe:

- How it will assess and monitor the region's substance abuse prevention services and needs including ongoing efforts and program gaps.
- How it will work with CSAP, NCAP, and others advising the CAPT Steering Committee, to determine which of the wide array of existing prevention programs, practices, and policies as well as related technologies is appropriate

to meet these needs.

- How they will assess the CAPT clients' readiness for the adoption of new prevention methods and identify barriers to their implementation.
- How they will use a variety of electronic techniques and settings for providing TA, and demonstrate that the CAPT would use available TA funds in cost-efficient non-duplicative ways.

<u>Packaging of Prevention Messages, Programs/Practices/Policies, and Related Technologies</u> CAPT applicants should describe:

- How they will repackage materials on prevention programs, practices, policies, and evaluation methodologies so that they are user-friendly.
- How these adapted and repackaged materials would preserve their effectiveness and scientific integrity.

<u>Computer Information Technology (CIT) and Decision Support Systems (DSS)</u> Applicants must describe:

- How their CIT systems are Y2K compliant, allow for compatible file exchange across platforms, and can be maintained at high quality levels for the duration of the project.
- How the CAPT staff are competent in computer information technology and can create/maintain a home page with a URL in the *xcapt.org format, link to the other CAPT home pages, and support the field testing and development of the Decision Support System.
- How the use of the home pages and the DSS should enable its CAPT to provide: 1) increased capacity to provide timely technical support, training, and infrastructure development for its customers; 2) rapid transfer of new research-based information about effective prevention practices and innovations; 3) timely linkages among prevention practitioners, organizations, agencies, researchers, and other persons in State, regional, and national prevention systems for ongoing and in-depth electronic consultations and meetings; 4) greater potential for community based organizations and prevention professionals with disabilities not only to participate fully in the prevention field, but also to increase their involvement in regional prevention efforts; and 5) improved collaborative learning among community coalitions, access to on-line decision support systems for substance abuse prevention and digital libraries, and skills development technical assistance(TA)deliveries.

C. <u>Evaluation Methodology and Data Collection</u>

Applicants should present an evaluation plan that addresses their CAPT project goals and objectives. The evaluation plan must:

- Address how the CAPT will monitor client service requests and consumption of services.
- Include both quantitative and qualitative indicators for process (what was done) and outcomes (what changed).
- Assess the relative effectiveness of the various training and technical support approaches.
- State how they will use the collaborative CAPT program client tracking protocols, contribute to the development of CAPT databases, and participate collaboratively in future evaluation planning sessions in order to make improvements in the common frameworks for process and outcome measures, constructs, and designs.
- State the proposed strategies for data management, data processing and clean-up, quality control, data retention, and database formats compatible with the existing CAPT system enabling voluntary sharing of regional databases to create a national CAPT databases.
- Describe the extent to which the proposed project can supply the necessary agency GPRA data for information on adherence to intervention design, validity of results, dissemination of findings and next steps.

D. <u>Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support</u>

CSAP recognizes the need to increase the capacity CAPTs to meet the increasing demand for high quality services across all the regions.

Applicants should:

- Describe any proposed innovations in managing a regional program with clients often separated by vast distances and characterized by cultural diversity.
- Present their implementation plan time line for all years of the project. (It should include specific activities, target dates for completion, and responsible persons.)
- C Describe how rapid expansion of capacity could be achieved (e.g., increased staffing, adjusted staff responsibilities, etc.).
- Ensure that the project's design (including its networking plans, intervention technical support/training strategies, budgeted resources, and staffing plans) are appropriate to address the region's needs for CAPT services without a dropoff from current service levels. This is especially

important for new CAPT applicants. (One option for maintaining existing services during a new CAPT's first year start up process would be to budget sub-contract resources for the terminating CAPT organization's carefully phasing out its services.)

- Ensure that there are useful collaborations with other agencies, institutes, non-profits, Tribal Councils, National Tribal Organizations, universities, clinics, or organizations. (All collaborations that are key to the review of the proposal must be documented with letters of support.)
- Evidence cultural competencies in staffing, products, and in working with the region's various populations.
- · Describe the plans for their regional advisory group.
- Clearly show that the staffing is highly competent in:
 technical assistance, computer information technology,
 technology transfer and related training, substance abuse
 prevention knowledge, science-based prevention; assessing
 prevention technology priorities for its region; and
 determining the cost-effectiveness of proposed options for
 innovations in technology transfer.
- Provide evidence that: 1) the proposed staffing pattern is appropriate and adequate for implementation of the project's objectives and time lines; 2) there is a blend of qualifications and experience involving prevention science, prevention practice, and project management among the proposed CAPT director, and other key personnel including proposed consultants and subcontractors; 3) the balance of expertise is present for providing high quality technical assistance and technology transfer in prevention program evaluation and capacity building for scientifically sound and effective preventive intervention services; 4) there is adequate capacity for computer information technology and good comprehension as to how the Decision Support System (DSS) can enhance the CAPT's capacity to deliver technical assistance and training; 5) the composition of the staff is reflective of the target population and indicates cultural competencies to ensure sensitivity to language, age, gender, race/ethnicity, sexual orientation, and other cultural factors related to the target population.
- Reasonableness of the staffing to achieve successful project management and implementation of services so that capacity is increased and there are no seasonal or grant start-up related drop-offs in service delivery.
- Provide a concise history of successful experiences in the delivery of relevant types of technical assistance, training, and technology transfer for clients at the State and community levels.

Equipment/Facilities
The applicant should describe:

- The availability of resources and equipment needed for technology transfer activities (e.g., including those associated with CIT and World Wide Web based communications).
- How the activities or services may be provided in distributed locations and facilities that are adequate and accessible, and the environments are conducive to the clients to be served.
- How the and where rapid expansion of capacity might require new CAPT facilities, office locations, collaborations, etc.

Other Support

The applicant should describe:

- If there are any additional resources not budgeted that will be used to implement this project, when applicable.
- If there are plans to secure additional resources if applicable.

Applicants should also present well-justified budgets for each project year in this second CAPT funding cycle. The start dates for the first year of the second funding cycle is anticipated to be the fourth week of September, 2000. Budget proposals must be structured with a base budget of \$1.5 million in total costs for core CAPT services and one or more capacity expansion budgets for specifically justified additional CAPT activities and base-budget program capacity enhancements. There are several reasons for this budget format.

- 1) The first reason for requiring an additional budget proposal for rapid CAPT capacity expansion is that other Federal Agencies have been funding the CAPTs for their prevention clients. It is expected that theses agencies will continue to seek to fund special TA and training services during the second CAPT funding cycle. An example is the Drug Free Community Program (DFC)funded by ONDCP and OJJDP. Therefore, each CAPT applicant should propose an additional budget for each grant year to provide up to 60 (300/5) DFC grantees with: a) one two-day regional training conference, and b) eight hours per grantee of technical assistance including one site-visit per grantee.
- 2) The second reason for proposing a capacity expansion budget is that each of the CAPT's budgets in the third and final year of the current funding cycle is approximately \$1.3 to \$1.4 million in total costs. At this funding level, a CAPT's capacity has already been stretched to meet the increasing regional client pool's greater demand for services.

3) Third, the required format for proposing a base budget plus additional capacity expansion budget(s) recognizes that the five CAPT regions differ in geography and client needs and thus may require differing levels of resources for capacity expansion (e.g., in travel, communication and staffing distributions).

E. Post-Award Requirements

CAPTs are funded through Cooperative Agreements that require substantial post-award activities. Cooperative Agreement roles are detailed in Part I, Section II. Each applicant that becomes a second round CAPT grantee is expected to participate and cooperate fully with the CSAP CAPT Management Team in the implementation and evaluation of the project. Activities include compliance with all aspects of the terms and conditions for the cooperative agreement, cooperation with guidance provided and requested by the CSAP Project Officer and the CSAP Staff Collaborator and participation on the CAPT Steering Committee.

Applicants should indicate their understanding of the requirements and their willingness to comply with them. Applicants should address the requirements to:

- Provide quarterly progress reports on the general CAPT activities and additional reports at different intervals may on special projects and activities (e.g., services delivered with ONDCP/OJJDP funds to provide training and technical assistance to the Drug Free Communities Act grantees).
- Provide a copy of its verified and complete client contact and service data so they can be combined with similar data from the other CAPTs. These anonymous pooled data are shared and enable the CAPTs to see cross-regional needs, national trends, and the cumulative effects of their collective services.
- Provide budgeting for and attend four CAPT Program Steering Committee meetings annually. One will be a 2-day meeting in the Washington, DC, area for up to three CAPT staff from each center. The other meetings may be convened in other regions contingent on availability of travel funds or conducted electronically.
- Collaborate with SAMHSA's CSAP and other appropriate agencies in planning and participating each year in four additional 2-day learning workshops held in the Washington, DC, area, for up to three CAPT staff from each center.
- Negotiate with the other CAPT grantees the areas of expertise for which each will be responsible in order to avoid duplication of services and to ensure coverage of the wide range of issues that will arise among the regions.

• Ensure consistency with CSAP editorial practices (e.g., use of logos) before disseminating any CAPT products. Areas of concern include the text, layout, format, and related production qualities. In the event a CAPT develops promotional public service announcements for television, then Title IV, Sec. 711 of the Americans with Disabilities Act (ADA) applies. Title IV, Sec. 711 of the ADA states that: "Any television public service announcement that is produced or funded in whole or in part by any agency or instrumentality of the Federal Government shall include closed captioning of the verbal content of such announcement."

Section IV - REVIEW of APPLICATIONS

Guidelines

Applications submitted in response to this GFA will be reviewed for scientific/technical merit in accordance with established PHS/SAMHSA review procedures outlined in the Review Process section of Part II. Applicants must review the Special Considerations/Requirements and Application Procedures sections that follow, as well as the guidance provided in Part II, before completing the application.

The review criteria A-D below correspond to subsections A-D in Section III above to assist in the application process. Reviewers will respond to each review criterion on the basis of the information provided in Section III by the applicants. Therefore it is important for applicants to follow carefully the outline, headings, and subheadings when providing the requested information.

Applications will be reviewed and evaluated according to the review criteria that follow. The points noted for each criterion indicate the maximum number of points the reviewers may assign to that criterion if the application is considered to have sufficient merit for scoring. The bulleted statements that follow each review criterion do not have weights. The assigned points will be used to calculate a raw score that will be converted to the official priority score.

Peer reviewers will be instructed to review and evaluate each relevant criterion in relation to cultural competence. Points will be deducted from applications that do not adequately address the cultural aspects of the criteria. (See Appendix D in Part II, for guidelines that will be used to assess cultural competence.)

Review Criteria

A. <u>Project Description</u> {15 Points}

Statement of the Problem

- Extent to which the applicant adequately defined the regional substance abuse problems, prevention needs, and any special prevention science application challenges within the region.
- Extent to which the applicant's analysis of the region's need for prevention services led to insightful decisions about the type of CAPT "intermediary organization" that should be created in order to effectively build bridges between prevention science and practice within the region.
- Describe how the CAPT will closely monitor the issues identified at the regional level in order to define the specific, current substance abuse problems and relate them to the prevention priorities identified by CSAP and the 1999 National Substance Abuse Prevention Congress.

Target Population

- Extent to which the applicant presents a clear and accurate conceptualization of the region's CAPT clients as involving prevention systems and populations at risk.
- Extent to which the prevention systems and targeted populations are clearly defined, insightful, and appropriate for CAPT goals and objectives.
- If applicable, the extent to which adequate justification was given for specific exclusion of a target population.

Purpose and Goals

- Extent to which the applicant demonstrates an understanding of the CSAP CAPT program goals and objectives as defined in this GFA and how they are congruent with the applicant's proposed goals and objectives.
- Extent to which achieving the proposed CAPT's project goals
 will support meaningful and relevant results including
 resolving or reducing the severity of the region's substance
 abuse problems.
- Extent to which the achievement of the CAPT's objectives would advance the field of prevention technology transfer, be assessed as innovative, and meaningfully expand capacity of the region's prevention service systems to apply prevention that works.

B. Project Plan {30 Points}

Design

- Extent to which the project plan provides a persuasive statement of the overall design and how research literature supports the chosen design for the CAPT and its approaches to technology transfer and interventions.
- Extent to which the proposed design will meet the needs of the specified service systems and target populations groups in their respective environmental conditions.
- Extent to which the project plan covers the relevant prevention priority areas, strategies, and the nine NPS priority domains.
- Extent to which the applicant demonstrates both good understanding and innovative thinking about technical assistance and technology transfer approaches to fostering adoption of effective science-based prevention principals and practices.
- Adequacy, rationale, appropriateness, and feasibility of the proposed approach, activities, services, strategies, and time frames to meet the applicant's stated objectives.
- Adequacy of the plans for rapid expansion of service capacity were additional funds to become available (e.g., from an interagency agreement).
- Extent to which the proposed CAPT project design demonstrates ability: 1) to recognize the interpersonal and organizational dynamics involved in promoting such change; 2) to encourage change activities among their clients while transferring knowledge about effective science-based substance abuse prevention programs, practices, and policies; and 3) to enable potential adopters of a new prevention program to overcome typical barriers.
- Extent to which applicant demonstrates ability to foster excellent participatory processes among key stakeholders, client organizations, and sub-populations groups in ways appropriate to the region's business and cultural practices. For example, did the applicant include representatives of the prevention infrastructure and target populations in relevant activities such as the preparation of the application, planned implementation of the project, and data

interpretations.

- Relevance and appropriateness of the proposed packaging, adaptive repackaging, and transfer of effective sciencebased prevention programs, principles, and practices.
- Ability to provide expert technical assistance on evaluation methods that are appropriate for state, community, and project level prevention programming. This also includes sensitivity to enhancing the client's organizational readiness to use appropriate analytic designs, sampling, strategies to control for bias and confounding variables, and/or the evaluation of prevention services process, including barriers and facilitators to services.
- Extent to which the applicant evidences a commitment to link their regional efforts with similar activities in other CAPT regions and to collaborate on cross-CAPT initiatives to create an essential national resource for the advancement of substance abuse prevention.

C. <u>Evaluation</u> [20 points]

- Extent to which the applicant demonstrates a good understanding and commitment to use the collaborative CAPT program client tracking protocols and to contribute to the cross-CAPT databases.
- Extent to which the applicant demonstrates a commitment to participate collaboratively in future evaluation planning sessions in order to make improvements in the common frameworks for measures, databases, and evaluation plans.
- Extent to which the plan enables the CAPT to assess the relative effectiveness of and client satisfaction with different technology transfer approaches.

Data Collection and Management

- Appropriateness of proposed strategies for data management, data processing and clean-up, quality control, data retention, and database formats compatible with the existing CAPT system enabling voluntary sharing of regional databases to create a national CAPT databases.
- Extent to which the proposed project can supply the necessary GPRA data on client tracking, delivery of CAPT services to clients, client ratings of satisfaction with CAPT services, and indicators of effects on client ability to apply science-based prevention programming.

D. <u>Project Management: Implementation Plan, Organization, Staff, Equipment/ Facilities, and Other Support</u> {35 Points}

Implementation Plan

- Extent to which the proposed plan provides a persuasive statement of how the proposed time line for service development and delivery will be efficient and costeffective in building capacity for the application of effective science-based prevention among State systems and community-based practitioners. New applicants for a CAPT must include a statement regarding plans and time lines to prevent a drop off in the level of ongoing CAPT services when replacing an existing CAPT organization. An applicant that currently is a CAPT must include a statement regarding plans and time lines to prevent a drop off in the level of the ongoing CAPT services for a three month period if it were to be succeeded by a new CAPT organization.
- Extent to which the proposed plan fits the scope of work, can competently implement the proposed design, is realistic, and is culturally appropriate.
- Feasibility of accomplishing the project in terms of 1) delivery of proposed services, 2) adequacy and availability of resources [e.g., staffing, consultants, collaborating agencies, facilities, equipment], 3) management plan, 4) cross-CAPT collaboration, and 5) relevance to strengthening the regional awareness of the emerging National Prevention System.

Organization

- Capability, experience, and accomplishments of the applicant organization, consultants, and subcontractors with similar projects and populations.
- Extent to which the applicant has the capacity, experience, and a positive track record in serving as an "inter-organization" bridging the gap between prevention science and practice.
- C Adequacy of the plans to effect rapid expansion of capacity (e.g., increased staffing, adjusted staff responsibilities, etc.).
- Extent to which the applicant demonstrates the ability to identify, recruit, retain clients as well as to promote inter-client relationships, and the CAPT clients within the region.
- Extent to which there is collaboration with other agencies, institutes, non-profits, Tribal Councils, National Tribal Organizations, universities, clinics, or organizations. All collaborations that are key to the review of the proposal must be documented with letters of support.

Staff

- Evidence that the proposed staffing pattern is appropriate and adequate for implementation of the project's objectives and time lines.
- The blend of qualifications and experience involving prevention science, prevention practice, and project management among the proposed CAPT director, and other key personnel including proposed consultants and subcontractors.
- The balance of expertise in providing high quality technical assistance and technology transfer in prevention program evaluation and capacity building for scientifically sound and effective preventive intervention services.
- Extent to which the applicant capacity for computer information technology and comprehends how the Decision Support System (DSS) can enhance the CAPT's capacity to deliver technical assistance and training.
- Extent to which the staff's qualification is reflective of the target population or can demonstrate cultural competencies to ensure sensitivity to language, age, gender, race/ethnicity, sexual orientation, and other cultural factors related to the target population.
- Reasonableness of the staffing to achieve successful project management and implementation of services so that capacity is increased and there are no seasonal or grant start-up related drop-offs in service delivery.

Equipment/Facilities

- Adequacy and availability of resources and equipment needed for technology transfer activities (e.g., including those associated with CIT and World Wide Web based communications).
- Evidence that the activities or services are provided in distributed locations and facilities that are adequate and accessible, and the environments are conducive to the clients to be served.
- How the and where rapid expansion of capacity might require new CAPT facilities, office locations, collaborations, etc.

Other Support

- Adequacy of additional resources not budgeted that will be used to implement this project, when applicable.
- Appropriateness of a plan to secure additional resources if applicable.

Section V. SPECIAL CONSIDERATIONS/REQUIREMENTS

SAMHSA's policies and special considerations/requirements related to this program include the following.

- SAMHSA's Inclusion Policy
- Government Performance Monitoring
- Healthy People 2000

The Healthy People 2000 priority area(s) related to this program are reflected in the CSAP priority prevention areas.

- Consumer Bill of Rights
- Promoting Non-use of Tobacco
- Supplantation of Existing Funds
- Letter of Intent
- Coordination with Other Federal/Non-Federal Programs
- Single State Agency Coordination
- Intergovernmental Review (E.O. 12372)
- Confidentiality/SAMHSA Participant Protection.
 The SAMHSA/CSAP Director has determined that projects funded under this program must meet SAMHSA Participant Protection requirements.

Specific guidance and requirements for the application related to these policies and special considerations/requirements can be found in Part II in the section by the same name.

Concept Paper

In addition to a required Letter of Intent, CSAP's Division of Prevention Application and Education (DPAE) will accept (by FAX or via email) concept papers (not to exceed 4 pages) from prospective applicants. DPAE staff will review them and provide technical assistance by email, FAX, or phone in order to help applicants. Please be sure to include a phone number and email address where the proposed project director can be reached. Briefly state the selected CAPT region, a statement of the problem and target population(s), a sketch of the project plan for implementation, organizational structure, staffing, facilities, and estimated budget. Whether or not a concept paper is submitted will have no bearing on the subsequent acceptance and review of an application.

Concept papers should be faxed or e-mailed to:

FAX number: 301/443-5592

ATTN.: CAPT Concept Paper - L. Pollard and J. Rolf

Or

Email: lpollard@samhsa.gov <u>and</u> jrolf@samhsa.gov

Concept papers may be submitted anytime up to 20 days prior to

the May 2000 cooperative agreement application receipt date in order that staff may offer technical assistance. Staff will reply within 5 working days.

Section VI - APPLICATION PROCEDURES

All applicants must use application form PHS 5161-1 (Rev. 6/99), which contains Standard Form 424 (face page). The following must be typed in Item Number 10 on the face page of the application form:

SP00-005 (CAPTS)

For more specific information on where to obtain application materials and guidelines, see the Application Procedures section in Part II. Completed applications must be sent to the following address.

SAMHSA Programs
Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710

*Applicants who wish to use express mail or courier service should change the zip code to 20817

Complete application kits for this program may be obtained from SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI), phone number: 800-729-6686, TDD 1-800-487-4889. The address for NCADI is NCADI, P.O. Box 2345, Rockville, MD 20847-2345.

APPLICATION RECEIPT AND REVIEW SCHEDULE

The schedule for receipt and review of applications under this GFA is as follows:

Receipt Date IRG Review Council Review Earliest Start

April 26, 2000 June 2000 September 2000 September 2000

Applications must be received by the above receipt date to be accepted for review. An application received after the deadline may be acceptable if it carries a legible proof-of-mailing date assigned by the carrier and the proof-of-mailing date is not later than 1 week prior to the deadline date. Private metered

postmarks are not acceptable as proof of timely mailing. (NOTE These instructions replace the "Late Applications" instructions found in the PHS 5161-1.)

CONSEQUENCES OF LATE SUBMISSION

Applications received after the above receipt date will not be accepted and will be returned to the applicant without review.

APPLICATION REQUIREMENTS/COMPONENT CHECK LIST

All applicants must use the Public Health Service (PHS) Grant Application form 5161-1 (Rev. 6/99) and follow the requirements and guidelines for developing an application presented in Part I Programmatic Guidance and Part II General Policies and Procedure Applicable to all SAMHSA GFA Documents.

The application should provide a comprehensive framework and description of all aspects of the proposed project. It should be written in a manner that is self-explanatory to reviewers unfamiliar with the prior related activities of the applicant. It should be succinct and well organized, should use section labels that match those provided in the table of contents for the Program Narrative that follows, and should contain all the information necessary for reviewers to understand the proposed project.

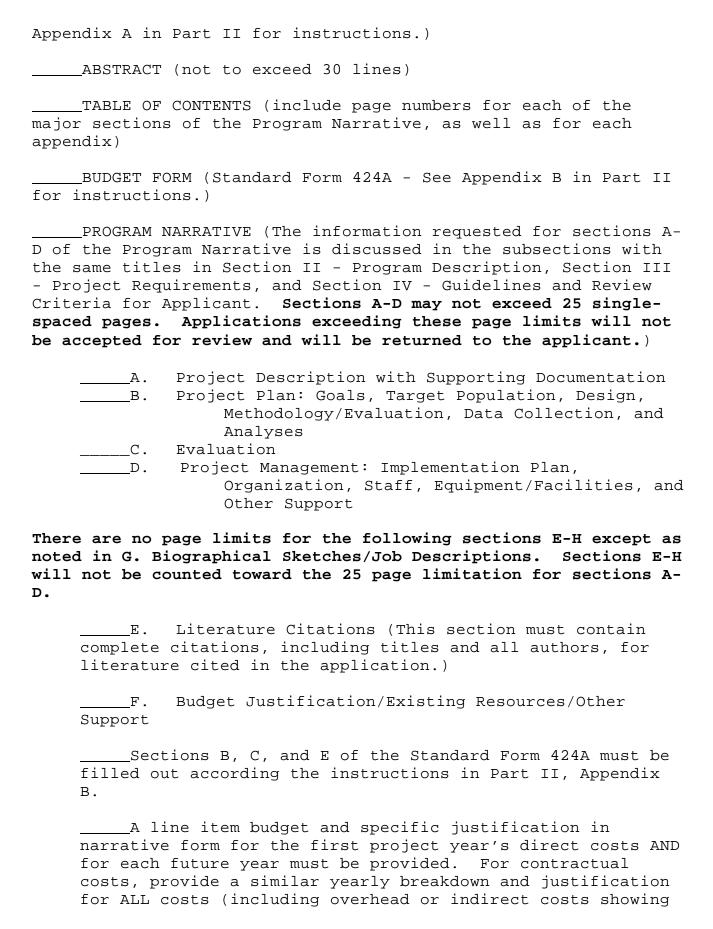
To ensure that sufficient information is included for the technical merit review of the application, the Programmatic Narrative section of application must address, but is not limited to, issues raised in the sections of this document entitled:

- 1. Program Description and Project Requirements
- 2. Guidelines and Review Criteria for Applicant

A COMPLETE application consists of the following components IN THE ORDER SPECIFIED BELOW. A description of each of these components can be found in Part II.

It is requested that on a separate piece of paper the name, title, and organization affiliation of the individual who is primarily responsible for writing the application be provided. Providing this information is voluntary and will in no way be used to influence the acceptance or review of the application. When submitting the information, please insert the completed sheet behind the application face page.

Optional	Information	n on App⊥	ication Wr	iter (se	e note	above)
FACE PAG	E FOR THE P	HS 5161-1	(Standard	Form 42	4 - See	!



any anticipated annual increases).

____All other resources needed to accomplish the project for the life of the grant (e.g., staff, funds, equipment, office space) and evidence that the project will have access to these, either through the grant or, as appropriate, through other resources, must be specified.

Other Support ("Other Support" refers to all current or pending support related to this application. Applicant organizations are reminded of the necessity to provide full and reliable information regarding "other support," i.e., all Federal and non-Federal active or pending support. Applicants should be cognizant that serious consequences could result if failure to provide complete and accurate information is construed as misleading to the PHS and could, therefore, lead to delay in the processing of the application. In signing the face page of the application, the authorized representative of the applicant organization certifies that the application information is accurate and complete.

For your organization and key organizations that are collaborating with you in this proposed project, list all currently active support and any applications/proposals pending review or funding that relate to the project. If there are none, state "none." For all active and pending support listed, also provide the following information:

- 1. Source of support (including identifying number and title).
- 2. Dates of entire project period.
- 3. Annual direct costs supported/requested.
- 4. Brief description of the project.
- 5. Whether project overlaps, duplicates, or is being supplemented by the present application; delineate and justify the nature and extent of any programmatic and/or budgetary overlaps.
- _____G. Biographical Sketches/Job Descriptions
 A biographical sketch must be included for the project
 director and for other key positions. Each of the
 biographical sketches must not exceed 2 pages in length. In
 the event that a biographical sketch is included for an
 individual not yet hired, a letter of commitment from that
 person must be included with his/her biographical sketch.
 Job descriptions for key personnel must not exceed 1 page in
 length. The suggested contents for biographical sketches
 and job descriptions are listed in Item 6 in the Program

Narrative section of the PHS 5161-1.

_____H. Confidentiality/SAMHSA Participant Protection The information provided in this section will be used to determine whether the level of protection of participants appears adequate or whether further provisions are needed, according to SAMHSA Participant Protection (SPP) standards set forth in Title 45, Part 46, of the Code of Federal Regulations. Adequate protection of participants is an essential part of an application and will be considered in funding decisions.

Projects proposed under this announcement may expose participants to risks in as many ways as projects can differ from each other. Following are some examples, but they do not exhaust the possibilities. Applicants should report in this section any foreseeable risks for project participants, and the procedures developed to protect participants from those risks, as set forth below. Applicants should discuss how each element will be addressed, or why it does not apply to the project.

Note: So that the adequacy of plans to address protection of participants, confidentiality, and other ethical concerns can be evaluated, the information requested below, which may appear in other sections of the narrative, should be included in this section of the application as well.

1. <u>Protection from Potential Risks</u>:

- (a) Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects, besides the confidentiality issues addressed below, which are due either to participation in the project itself, or to the evaluation activities.
- (b) Where appropriate, describe alternative treatments and procedures that might be advantageous to the subjects and the rationale for their Non-use.
- (c) Describe the procedures that will be followed to minimize or protect participants against potential risks, including risks to confidentiality.
- (d) Where appropriate, specify plans to provide needed professional intervention in the event of adverse effects to participants.

2. Equitable selection of participants:

Target population(s):

Describe the socio-demographic characteristics of the target population(s) for the proposed project, including age, gender, racial/ethnic composition, and other distinguishing characteristics (e.g., homeless youth, foster children, children of substance abusers, pregnant women, institutionalized individuals, or other special population groups).

Recruitment and Selection:

- (a) Specify the criteria for inclusion or exclusion of participants and explain the rationale for these criteria.
- (b) Explain the rationale for the use of special classes of subjects, such a pregnant women, children, institutionalized mentally disabled, prisoners, or others who are likely to be vulnerable.
- (c) Summarize the recruitment and selection procedures, including the circumstances under which participation will be sought and who will seek it.

3. Absence of Coercion:

- (a) Explain whether participation in the project is voluntary or mandatory. Identify any potentially coercive elements that may be present (e.g., court orders mandating individuals to participate in a particular intervention or treatment program).
- (b) If participants are paid or awarded gifts for involvement, explain the remuneration process.
- (c) Clarify how it will be explained to volunteer participants that their involvement in the study is not related to services and the remuneration will be given even if they do not complete the study.

4. Appropriate Data Collection:

(a) Identify from whom data will be collected (e.g., participants themselves, family members, teachers, others) and by what means or sources (e.g., school records, personal interviews, written questionnaires, psychological assessment instruments, observation).

- (b) Identify the form of specimens (e.g., urine, blood), records, or data. Indicate whether the material or data will be obtained specifically for evaluative/research purposes or whether use will be made of existing specimens, records, or data. Also, where appropriate, describe the provisions for monitoring the data to ensure the safety of subjects.
- (c) Provide, in the Appendix entitled "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that will be proposed to be used in the CAPT project. Include only those that are in addition to the existing ones already being used in the national CAPT database.

5. Privacy and Confidentiality:

Specify the procedures that will be implemented to ensure privacy and confidentiality, including by whom and how data will be collected, procedures for administration of data collection instruments, where data will be stored, who will/will not have access to information, and how the identity of participants will be safeguarded (e.g., through the use of a coding system on data records; limiting access to records; storing identifiers separately from data).

Note: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records in accordance with the provisions of Title 42 of the Code of Federal Regulations, Part 2 (42 CFR, Part 2).

6. Adequate Consent Procedures:

- (a) Specify what information will be provided to participants regarding the nature and purpose of their participation; the voluntary nature of their participation; their right to withdraw from the project at any time, without prejudice; anticipated use of data; procedures for maintaining confidentiality of the data; potential risks; and procedures that will be implemented to protect participants against these risks.
- (b) Explain how consent will be appropriately secured for youth, elderly, low literacy and/or for those who English is not their first language.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, awardees may be required to obtain <u>written</u> informed consent.

(c) Indicate whether it is planned to obtain informed consent from participants and/or their parents or legal guardians, and describe the method of documenting consent. For example: Are consent forms read to individuals? Are prospective participants questioned to ensure they understand the forms? Are they given copies of what they sign?

Note: In obtaining consent, no wording should be used that implies that the participant waives or appears to waive any legal rights, is not free to terminate involvement with the project, or releases the institution or its agents from liability for negligence.

(d) Indicate whether separate consents will be obtained for different stages or aspects of the project, and whether consent for the collection of evaluative data will be required for participation in the project itself. For example, will separate consent be obtained for the collection of evaluation data in addition to the consent obtained for participation in the intervention, treatment, or services project itself? Will individuals not consenting to the collection of individually identifiable data for evaluative purposes be permitted to participate in the project?

7. <u>Risk/Benefit Discussion</u>:

Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to subjects and in relation to the importance of the knowledge that may reasonably be expected to result.

____APPENDICES (Only the appendices specified below may be included in the application. These appendices must not be used to extend or replace any of the required sections of the Program Narrative. The total number of pages in the appendices CANNOT EXCEED 30 PAGES, excluding all instruments.)

Appendix	1:	Eligibility Certification Documents
Appendix	2:	Letters of Coordination/Support
Appendix	3:	Copy of Letters to SSA's
Appendix	4:	Diagrams and other depictions of

Organizational	
Structure/Timeline/Staff Pag terns	
Appendix 5: Data Collection Instruments/Interv	Lew
Protocols	
Appendix 6: Sample Consent Forms	
Appendix 7: Listing of any recent exemplary tra	ining
and technical assistance activities	
Appendix 8: Listing of recent publications rele	vant to
training and technical assistance activiti	es
ASSURANCES NON-CONSTRUCTION PROGRAMS (STANDARD FORM	424B)
CERTIFICATIONS	
DISCLOSURE OF LOBBYING ACTIVITIES	
GUEGNITOE DAGE (G	
CHECKLIST PAGE (See Appendix C in Part II for instr	actions)

TERMS AND CONDITIONS OF SUPPORT

For specific guidelines on terms and conditions of support, allowable items of expenditure and alterations and renovations, applicants must refer to the sections in Part II by the same names. In addition, in accepting the award the Grantee agrees to provide SAMHSA with GPRA Client Outcome (if applicable) and Evaluation Data.

Reporting Requirements

For the SAMHSA policy and requirements related to reporting, applicants must refer to the Reporting Requirements section in Part II.

Lobbying Prohibitions

SAMHSA's policy on lobbying prohibitions is applicable to this program; therefore, applicants must refer to the section in Part II by the same name.

AWARD DECISION CRITERIA

Applications will be considered for funding on the basis of their overall technical merit as determined through the IRG, pre-award program review, and the CSAP National Advisory Council review process.

Award criteria will include:

• Availability of CSAP funds.

CONTACTS FOR ADDITIONAL INFORMATION

Questions concerning program issues may be directed to:

Ms. Luisa del Carmen Pollard, M.A.
Division of Prevention Application and Education
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
Rockwall II, Suite 800
5600 Fishers Lane
Rockville, MD 20857
Telephone: 301/443-6728

or

Jon Rolf, Ph.D.
Division of Prevention Application and Education
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
Rockwall II, Suite 800
5600 Fishers Lane
Rockville, MD 20857
Telephone: 301/443-0380

Questions regarding grants management issues may be directed to:

Edna Frazier
Division of Grants Management, OPS
Substance Abuse and Mental Health Services Administration
Rockwall II, Suite 640
5600 Fishers Lane
Rockville, MD 20857
Telephone: 301/443-6816

APPENDICES

APPENDIX A

INSTRUCTIONS FOR COMPLETING NEW APPLICATION FOR FEDERAL ASSISTANCE STANDARD FORM 424 (Rev. 4/88)

Standard Form (SF) 424, "Application for Federal Assistance," is also known as the "Face Page" of the PHS Grant Application Form 5161-1 (Rev. 5/96). The following instructions <u>replace</u> those found on the reverse side of the SF 424.

- Block 1. Type of Submission: Under "Application" check "Non-Construction". Under "Preapplication" leave both boxes blank.
- **Block 2. DATE SUBMITTED:** Insert the date the application is sent to the State or the Federal agency.
- -- Applicant Identifier: Insert the applicant's control number (if applicable).
- Block 3. (State Use Only.) DATE RECEIVED BY STATE: (if applicable).
 - -- State Application Identifier: Insert the applicant's control number (if applicable).
- Block 4. (Federal Use Only.) DATE RECEIVED BY FEDERAL AGENCY:

 Leave this block blank.
 - -- Federal Identifier: Leave this block blank.

Block 5. APPLICANT INFORMATION:

- -- Legal Name: Insert the legal name of the applicant organization.
- -- Organizational Unit: Insert the name of the primary organizational unit which will undertake the proposed activity.
- -- Address: Insert the <u>complete</u> mailing address of the applicant organization.
- -- Name and telephone number of the person to be contacted on matters involving this application (give area code): Insert the name, area code and

telephone and FAX numbers and an E-mail/Internet address (if available) for the project director/principal investigator. Project director/principal investigator is defined as an employee of the applicant organization who will direct the grant. NOTE: This individual must be the same person identified in the right-hand block of Part C of the Checklist in the PHS Grant Application Form 5161-1. This is the individual responsible for directing the proposed program or project. (This is usually not the authorized representative as defined in Block 18.)

- **Block 6. EMPLOYER IDENTIFICATION NUMBER (EIN):** Insert the 9-digit EIN as assigned by the Internal Revenue Service.
- Block 7. TYPE OF APPLICANT: Insert the appropriate letter in the box provided. (Non-profit applicant organizations should be identified as such under N. Other.)
- Block 8. TYPE OF APPLICATION: Check "New."
- Block 9. NAME OF FEDERAL AGENCY: Insert SAMHSA and the specific Center (either CMHS, CSAP or CSAT) from which support is being requested.
- Block 10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE (CFDA) NUMBER:

 Insert the CFDA number that is provided on the cover page of the GFA.
 - -- Title: Insert the GFA number and the short title of the GFA. (Refer to the Application Procedures section of the GFA.)
- Block 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Insert a brief descriptive title of the proposed project. Do not exceed 56 typewritten spaces, including spaces between words and all punctuation. A new application must have a different title from any other PHS project with the same project director/principal investigator.
- Block 12. AREAS AFFECTED BY PROJECT: Insert the name of the largest political jurisdictions affected (e.g., the name of the specific State, counties, cities).
- **Block 13. PROPOSED PROJECT:** Leave the Start and Ending Date blocks blank. These dates will be determined if the project is funded.

Block 14. CONGRESSIONAL DISTRICTS OF:

- -- a. Applicant: Insert the applicant organization's Congressional District.
- -- b. **Project:** Insert any Congressional District(s) directly affected by the project.

Block 15. ESTIMATED FUNDING:

- -- a. Federal: Insert the total amount of <u>direct</u> costs being requested from SAMHSA under this GFA for the <u>first 12-month period</u> of support. (This figure should be the same amount as that indicated on Form 424A, Section B, column (1) line 6.i.)
- -- b.-e. Applicant, State, Local, Other: Insert the amount to be contributed and/or the value of in-kind contributions for the first 12-month period of support by each contributor (i.e., Applicant, State, Local, Other), as appropriate. [These figures should be the same amounts as those indicated on Form 424A, Section C, line 12, columns (b), (c), and (d)].
- -- f. Program Income: Insert the amount of Program Income anticipated to be earned by the grantee for the first 12-month period of support, if any. (This figure should be the same amount as that indicated on Form 424A, Section B, line 7, column (1).

Program income is defined as income earned by a grantee from activities part or all of the cost of which is borne as a direct cost by a grant <u>or</u> income that would not have occurred except for the existence of the grant supported project. Examples of program income are: fees for services supported with grant funds such as laboratory drug testing, rental or usage fees for use of equipment purchased with grant funds, third-party patient reimbursement where such reimbursement occurs because of the grant-supported activity (including Medicaid/Medicare), sale of commodities such as educational materials (including curricula) developed under the

grant or equipment purchased with grant funds. Not included would be revenues raised by a government recipient under its governing powers, interest on grant funds, rebates, credits, discounts, or refunds, results of fund raising (given that no grant funds were used to accomplish the fund raising activity) and income earned by procurement contractors under a procurement contract awarded by the grantee.

- -- g. TOTAL: Insert the total of lines 15a through 15f.
- Block 16. IS APPLICATION SUBJECT TO REVIEW BY STATE UNDER

 EXECUTIVE ORDER 12372 PROCESS? Applicants should refer
 to the GFA to determine if the program is covered by
 the Federal Executive Order (E.O.) 12372. If the
 program is covered, applicants should refer to the
 listing of those States that currently participate in
 the E.O. 12372 process. This listing is provided in
 the application kit. If your State does participate,
 you should communicate with the State Single Point of
 Contact (SPOC) to ascertain whether this program
 has/has not been selected for review by the State.
 Based on answers to the above, the appropriate sections
 of Block 16 should be completed.

Note: If this program is covered by E.O. 12372, applications must be made available for State review, and the applicant should advise the State to submit comments within 60 days of the application receipt date to the individual identified in the GFA, under the E.O. 12372 section.

Block 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.

Block 18.

-- a., b. and c.: Insert the name, title, area code and telephone number of the authorized representative of the applicant organization in the spaces provided.

Note: The authorized representative is the individual with the legal authority to obligate the applicant organization financially and otherwise.

-- d. and e.: The authorized representative is required to sign and date the application in the spaces provided.

APPENDIX B

INSTRUCTIONS FOR COMPLETING BUDGET INFORMATION -- Non-Construction Programs Standard Form 424A (Rev. 4/88)

This appendix contains general information about completing Standard Form 424A only. The budget figures and categories contained here are not intended to illustrate a basic CAPT budget with supplemental budgets.

Standard Form (SF) 424A, "Budget Information -- Non-Construction Programs," is a double-sided form composed of Sections A through F. Because the 424A is a generic form that was designed to be used by agencies across the Federal Government, the instructions have been adapted for use by SAMHSA. The following instructions replace those found immediately following the SF 424A.

SECTION A - BUDGET SUMMARY - Leave this section blank.

SECTION B - BUDGET CATEGORIES

NOTE: The budget indicated in Section B should include only the funds that are requested from SAMHSA for the first budget period (i.e., the first 12 months) of the proposed project. If funds for the project are also being provided, or requested, from other sources, such funds should not be included in the budget indicated in this section.

Complete only column (1), lines 6a through 6k (as applicable) and line 7.

1. In Section B, column (1), lines 6a-6h, insert the dollars requested from SAMHSA for all Object Class Categories, for the first 12-month budget period. Because there is no separate Object Class Category for "consultant costs," include any "consultant costs" in the "Other" Object Class Category (line 6h). If the GFA does not specify that alteration and renovation costs will not be paid, necessary alternation and renovation costs may be entered under line 6g by crossing out "Construction" and typing in "Alteration and Renovation." Cost breakout and description of proposed alteration and renovation should be included in the budget justification. (Construction costs are not allowable.)

NOTE: A detailed line-item budget computation and justification should be provided on a separate page(s) for all object class categories. A sample

detailed line-item budget computation and justification is attached as EXAMPLE A.

In column (1), line 6i Total Direct Charges (sum of 6a-6h), insert the sum of lines 6a-6h.

In column (1), line 6j Indirect Charges, insert the amount of indirect costs if these costs are being requested and your organization has negotiated an indirect cost rate with an agency of the Federal Government. Also submit a copy of notice of your organization's most current indirect cost rate agreement to substantiate your request. Failure to submit a copy of this notice may result in delay of any possible award.

If an indirect cost rate has not been established, insert "0" in column (1), line 6j. In order to recover allowable indirect costs of a project, it may be necessary to negotiate and establish an indirect cost rate (unless such a rate has already been established for the applicant organization). For information and assistance regarding the timing and submission of an indirect cost rate proposal, applicants, except for-profit organizations, should contact the appropriate office of the DHHS Division of Cost Allocation referenced in the list of "Offices Negotiating Indirect Costs Rates, provided in the application kit. For-profit organizations should contact the Grants Management Officer listed in the GFA. A note that the applicant organization either waives or will negotiate, within 90 days after grant award issuance, and establish an indirect cost rate with the appropriate office of the DHHS Division of Cost Allocation should be included in the detailed line-item budget computation and justification.

In column (1), line 6k. TOTALS (sum of 6i and 6j), insert the total of lines 6i and 6j.

- 2. In Section B, column (1), line 7 Program Income, if applicable, insert any program income anticipated to be generated during the proposed first 12-month budget period. See Appendix A, Item 15f, for the definition of program income.
- 3. Leave the remaining columns, (2) through (5) in Section B blank.

SECTION C - NON-FEDERAL RESOURCES

1. In Section C, line 12, columns (b) Applicant, (c) State, and

- (d) Other Sources, insert any funds to be contributed to the project by these entities for the first 12-month budget period. (Leave lines 8-11 blank.)
- 2. In Section C, line 12, column (e) TOTALS, insert the total of line 12, columns (b)-(d), if any.

SECTION D - FORECASTED CASH NEEDS - Leave this section blank.

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT - This section should reflect the proposed <u>direct</u> cost budgets for years 2 - 5. However, unless the GFA states that projects may be funded beyond 3 years, proposed direct costs should be provided for years 2 and 3 only. The totals should be derived from the detailed line-item budget computation and justification for future year direct costs. (A sample is provided as EXAMPLE A.)

- 1. Section E, line 20 TOTALS (sum of lines 16-19), column (b)
 First represents the second 12-month period (02 Period).
 Insert the total FEDERAL direct cost dollars requested for all object class categories for this second year.
- 2. **Section E**, line **20**, column **(c) Second** represents the **third** 12-month period (03 Period). Enter the total FEDERAL **direct** cost dollars requested for **all** object class categories for this third year.
- 3. Section E, line 20, column (d) Third. Leave blank unless the GFA states that projects may be funded for up to 4 years.
- 4. Section E, line 20, column (e) Fourth. Leave blank unless the GFA states that projects may be funded for up to 5 years.

SECTION F - OTHER BUDGET INFORMATION - Leave this section blank.

EXAMPLE A ILLUSTRATION OF DETAILED WORKSHEET FOR COMPLETING SF 424A: SECTION B FOR 01 BUDGET PERIOD

OBJECT CLASS CATEGORIES

Personnel

Job Title	Name	Annual Salary	Level of Effort	Salary being Requested
Project Director	J. Doe	30,000	1.0	\$ 30,000
Secretary	Unnamed	18,000	0.5	9,000
Counselor	R. Down	25,000	1.0	25,000

Enter subtotal on 424A, Section B, 6.a. 64,000

Fringe Benefits (24%)
424A, Section B, 6.b.

15,360

Travel

Enter subtotal on 424A, Section B, 6.c. 5,400

Equipment (List Individually)

"Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals the lesser of (a) the capitalization level established by the governmental unit or nongovernmental applicant for financial statement purposes, or (b) \$5000.

Enter subtotal on 424A, Section B, 6.d.

Supplies

Office Supplies 500 Computer Software - 1 WordPerfect 500

Enter subtotal on 424A, Section B, 6.e.

1,000

Contractual

Evaluation

```
Evaluator J. Wilson 0.5
                                          $24,000
  Other Staff
                            1.0
                                          18,000
  Fringe Benefits (25%)
                                           10,500
 Travel (2 trips x 1 Evaluator
  (\$600 \times 2 = \$1,200) + (per diem @
  $120 \times 6 = $720
                                             1,920
  Supplies (General Office)
                                               500
      Evaluation Subtotal
                                                        54,920
      Indirect Costs (19%)
                                                        10,435
      (Copy of negotiated rate agreement attached)
Training
 Personnel
   Coordinator M. Smith 0.5
                                      12,000
   Admin.Assist. N. Jones 0.5
                                      9,000
 Fringe Benefits (25%)
                                      5,250
 Travel
    2 Trips for Training
    Airfare @ $600 x 2
                                     1,200
    Per Diem $120 x 2 x 2 days
                                       480
    Local (500 miles x .24/mile)
                                      120
  Supplies
    Office Supplies
                                        500
    Software (WordPerfect)
                                        500
  Other
  Rent (500 Sq. Ft. x $9.95)
                                        4,975
  Telephone
                                        500
                                      2,500
  Maintenance (e.g., Van)
  Audit
                                      3,000
  Training
                                      40,025
         Enter subtotal on 424A, Section B, 6.f.
105,380
Other
Consultants = Expert @ $250/day X 6 day 1,500
  (If expert is known, should list by name)
         Enter subtotal on 424A, Section B, 6.h.
                                                             1,500
```

Total Direct Charges (sum of 6.a-6.h)

Enter Total Direct on 424A, Section B, 6.i.\$192,640

Indirect Costs

15% of Salary and Wages (copy of negotiated indirect cost rate agreement attached)

Enter subtotal of 424A, Section B, 6.j. \$ 9,600

TOTALS

Enter TOTAL on 424A, Section B, 6.k. \$202,240

JUSTIFICATION

PERSONNEL - Describe the role and responsibilities of each position.

FRINGE BENEFITS - List all components of the fringe benefit rate.

EQUIPMENT - List equipment and describe the need and the purpose of the equipment in relation to the proposed project.

SUPPLIES - Generally self explanatory; however, if not, describe need. Include explanation of how the cost has been estimated.

TRAVEL - Explain need for all travel other than that required by SAMHSA.

CONTRACTUAL COSTS - Explain the need for each contractual arrangement and how these components relate to the overall project.

OTHER - Generally self explanatory. If consultants are included in this category, explain the need and how the consultants's rate has been determined.

If your organization has no indirect cost rate, please indicate whether your organization plans to a) waive indirect costs if an award is issued, or b) negotiate and establish an indirect cost rate with DHHS within 90 days of award issuance.

CALCULATION OF FUTURE BUDGET PERIODS (Based on first 12-month budget period)

Review and verify the accuracy of future year budget estimates. Are any unusual increases or decreases in the future years explained/justified? Future year escalation is limited to the unusual increases or decreases only, no cost of living increase will be honored. (NOTE: new salary cap of \$125,900 is effective for all FY 1999 awards.)

First Second Third 12-month 12-month

Personnel	Period	Period	Period
Proj. Director	30,000	30,000	30,000
Secretary*	9,000	18,000	18,000
Counselor	25,000	25,000	25,000
TOTAL PERSONNEL	64,000	73,000	73,000

*Increased from 50% to 100% effort in 02 through 03 periods.

Fringe Benefits(24%)	15,360	17,520	17,520
Travel	5,400	5,400	5,400
Equipment	- 0 -	- 0 -	- 0 -
Supplies**	1,000	520	520

^{**}Increased amount in 01 year represents costs for software.

Contractual

Evaluation***	65,355	67,969	70,688
Training	40,025	40,025	40,025

***Increased amounts in -02 and 03 years are reflected of the increase in client data collection.

Other	1,500	1,500	1,500
Tot. Direct Costs	192,640	205,934	208,653
Indirect Costs (15% S&W)	9,600	10,950	10,950
TOTAL COSTS	202,240	216,884	219,603

The Federal dollars requested for all object class categories for the first 12-month period are entered on Form 424A, Section B, Column (1), lines 6a-6i.

The <u>total</u> Federal dollars requested for the second through the fifth 12-month periods are entered on Form 424A, Section E, columns (b) - (e), line 20. The GFA will specify the maximum number of years of support that may be requested.

APPENDIX C

CHECKLIST

A Checklist is provided in the PHS Grant Application Form 5161-1. The instructions within the Checklist are self-explanatory except for the following:

Part A:

4. Assurance of Compliance (Civil Rights, Handicapped Individuals, Sex Discrimination, Age Discrimination)

Before a grant or cooperative agreement award can be made, a domestic applicant organization must certify that it has filed with the DHHS Office for Civil Rights: an Assurance of Compliance (Form HHS 690) with Title VI of the Civil Rights Act of 1964 (P.L. 88-352, as amended), which prohibits discrimination on the basis of race, color, or national origin; Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112, as amended), which prohibits discrimination on the basis of handicaps; Title IX of the Education Amendments of 1972 (P.L. 92-318, as amended) which prohibits discrimination on the basis of sex; and the Age Discrimination Act of 1975 (P.L. 94-135), which prohibits discrimination on the basis of age. The Assurance of Compliance Form HHS 690 is included in the application kit. (Note: Assurance of Compliance Form HHS 690 is now used in lieu of individual assurances: HHS 441 - Civil Rights; Form HHS 641 - Handicapped Individuals; Form HHS 639-A - Sex Discrimination; and Form HHS 680 - Age Discrimination.)

On the blank lines provided under Part A: 4., please indicate the date on which each of the assurances was filed by the applicant organization.

5. Human Subjects Certification, when applicable (45 CFR 46)

Based on the information provided in the GFA, Part I. Programmatic Guidance, where SAMHSA has determined that projects funded under the GFA are subject to the requirements of 45 CFR Part 46, Protection of Human Subjects, applicants are required to indicate whether the Human Subjects Certification is included with the application.

Where the SAMHSA Center Director has determined that projects funded under the GFA must meet SAMHSA Participant Protection (SPP) requirements, applicants must check the

NOT applicable box.

PART B:

1. The Public Health System Impact Statement is applicable to some SAMHSA programs and must be completed and distributed where appropriate. See specific instructions in the GFA (Part I, Programmatic Guidance).

PART C:

- 1. The administrative official to be notified if an award is to be made may be the same as the authorized representative identified in Item 18 on the face page (SF 424) or may be the designated administrative/business official of the applicant organization.
 - The official Notice of Grant Award will be mailed to the administrative official named in Part C.
- 2. If the applicant organization has already been assigned a modified EIN number because of receipt of another grant from the Department of Health and Human Services (DHHS), include the complete 12-digit number (1-digit prefix, 9-digit EIN, 2-digit suffix). Leave blank if the applicant organization has never been assigned a modified number from the DHHS.
- 3. The individual designated to direct the project must be the same as the individual identified in Item 5 on the face page of the application.

APPENDIX D

GUIDELINES FOR ASSESSING CULTURAL COMPETENCE

- o Experience or track record of involvement with the target population The applicant organization should have a documented history of positive programmatic involvement with the population/community to be served; e.g., a history of involvement with the target population or community.
- o **Training and staffing** The staff of the organization should have training in gender/age/cultural competence. Attention should be placed on staffing the initiative with people who are familiar with, or who are themselves members of, the population/community.
- O Language If an organization is providing services to a multilinguistic population, there should be multi-linguistic resources, including use of skilled bilingual and bicultural individuals whenever a significant percentage of the target population/community is more comfortable with a language other than English.
- o Materials It should be demonstrated that material and products such as audio-visual materials, PSA's, training guides and print materials to be used in the project are gender/age/culturally appropriate or will be made consistent with the population/community to be served.
- o **Evaluation** Program evaluation methods and instrument(s) should be appropriate to the population/community being served. There should be rationale for the use of the evaluation instrument(s) that are chosen, and the rationale should include a discussion of the validity of the instrument(s) in terms of the gender/age/culture of the group(s) targeted. The evaluators should be sensitized to the culture and familiar with the gender/age/culture whenever possible and practical.
- O Community representation The population/community targeted to receive services should be a planned participant in all phases of program design. There should be an established mechanism to provide members, reflective of the target group to be served, with opportunities to influence and help shape the project's proposed activities and interventions. A community advisory council or board of directors of the organizations (with legitimate and working agreements) with decision-making authority should be established to affect the course and direction of the proposed project. Members of the targeted group should be represented on the council/board.
- O Implementation There should be objective evidence/indicators

in the application that the applicant organization understands the cultural aspects of the community that will contribute to the program's success and which will avoid pitfalls.

* These guidelines were taken from a Center for Substance Abuse Prevention publication, <u>The Fact Is...,</u> February 1993.

APPENDIX E CAPT-RELATED PREVENTION PROGRAMS AND PERSPECTIVES

The CAPT program operates in a context of a number of prevention perspectives and on-going prevention programs that together promote the practice of scientifically sound and effective substance abuse prevention. This appendix presents information on these CAPT-related topics in the following order:

- The National Youth Substance Abuse Prevention Initiative
- Additional Policy Background
- Knowledge Development Phases-Dissemination To Synthesis To Application
- CSAP Prevention Strategies
- Opportunity and Situational Analyses

E1. The National Youth Substance Abuse Prevention Initiative (YSAPI)

The Secretary of Health and Human Services has established a special National Youth Substance Abuse Prevention Initiative. The primary goal of this Secretarial Initiative is to prevent marijuana use among America's teenagers. Associated goals include the reduction of all illicit drugs and the reduction of underage drinking. This Initiative reflects the number one goal of the 1997 National Drug Control Strategy—to "Educate and enable America's youth to reject illegal drugs as well as the use of alcohol and tobacco." The Initiative will specifically address four objectives of the National Drug Control Strategy:

- Encourage and assist the development of community coalitions and programs in preventing and treating drug abuse and underage alcohol and tobacco use.
- Promote zero tolerance policies for the use of illegal drugs, alcohol, and tobacco by youth within the family, school, workplace and community.
- Pursue a vigorous advertising and public communications program dealing with the dangers of drug, alcohol and tobacco use by youth.
- Support and highlight research, including the development of scientific information, to inform drug, alcohol, and tobacco prevention and treatment programs targeting young Americans.

SAMHSA's Role in the YSAPI Initiative

The Secretary of Health and Human Services has given the Substance Abuse and Mental Health Services Administration (SAMHSA) the lead in coordinating and implementing this important Initiative. Consistent with Office of National Drug Control Policy (ONDCP) goals, and in full cooperation and collaboration with Federal, national, State and

community organizations, SAMHSA is mounting a sustained effort to mobilize the Nation to reduce the incidence of drug use by youth. With this announcement, SAMHSA's Center for Substance Abuse Prevention (CSAP) is implementing one major component of this Initiative, the Centers for the Application of Prevention Technologies program.

Components of YSAPI

SAMHSA/CSAP has implemented the Secretary's Initiative through several mechanisms. This Initiative builds upon prior Federal programs, including several SAMHSA programs. It does not, however, represent an expansion or a replication of the Community Partnership, High Risk Youth, or State Block Grant programs. Nevertheless, the findings from SAMHSA prevention programs and others now underway will serve as guidance for both State and community-based strategies.

Since FY 1997, SAMHSA/CSAP has implemented the three key components of the Initiative (Mobilize and Leverage Resources, Raise Public Awareness and Measure Outcomes) through the following mechanisms: 1) the award of approximately twenty one State Incentive Cooperative Agreements for Community-Based Action; 2) the award of six cooperative agreements for regional Centers for the Application of Prevention Technologies (CAPT); 3) increased collaboration with national organizations serving youth in support of this Initiative; 4) coordination of a major public education campaign in cooperation with the Office of National Drug Control Policy (ONDCP); and 5) expansion of National Household Survey on Drug Abuse to provide State-level estimates on drug use.

Listed below are summaries of the State Incentive Program, CAPTs, collaborations with National organizations serving youth, a public education campaign, data collection efforts, and expansion of the Secretarial Initiative in FY 1998.

<u>State Incentive Cooperative Agreements for Community-Based Action</u> (State Incentive Program)

The State Incentive Program calls upon Governors to coordinate, leverage and/or redirect, as appropriate and legally permissible, all Federal and State substance abuse prevention resources directed at communities, families, schools and workplaces to develop and implement an effective, comprehensive, new State-wide prevention strategy aimed at reducing drug use by youth.

State Incentive Program funds are intended to be used, to the extent possible, to support existing community-based organizations in order to re-energize and mobilize communities, families, schools, youth and workplaces to reduce drug use by youth, and to identify and fill

gaps in prevention efforts. States and communities are encouraged to form appropriate linkages with an array of other anti-drug coalitions and related community-based organizations throughout the United States, in order to avoid the costly process of starting up new organizations. Through this systematic coordination with important segments of the community that interact with youth, States will be able to more effectively increase perception of harm and risk and reduce the incidence of drug use.

Centers for the Application of Prevention Technologies

To ensure consistent implementation of research-based prevention practices, methods, and policies among State Incentive Program cooperative agreement recipients and their subrecipients, CSAP has funded six Centers for the Application of Prevention Technology (CAPTs) via this cooperative agreement program. These centers are located in the five regions corresponding to the National Prevention Network's five regions, and the territory encompassing the 60-mile corridor running parallel to the US-Mexico border.

Collaboration with National Organizations Serving Youth

Mobilizing national organizations, particularly those with a youth-serving mission, is an important aspect of this Initiative. This effort is intended to form partnerships with existing national organizations that have a recognized presence and effective programming at the local level. By expanding the traditional prevention field with other organizations serving youth, these partnerships can collectively amplify national substance abuse prevention messages developed as part of the Secretarial Initiative, and support and facilitate substance abuse prevention efforts at the community level.

National Public Education Campaign

SAMHSA/CSAP is continuing to develop an array of anti-drug messages by building on its recent campaigns to alert youth and their care givers about the very real dangers associated with drug use. This outreach effort will alert police officers, educators, coaches, the faith community and others about what actions they can take to prevent substance abuse among youth. It will also continue to disseminate prevention materials through the National Clearinghouse for Alcohol and Drug Information and its RADAR Network of State and specialty dissemination centers. Building on this work in prevention awareness, SAMHSA/CSAP is coordinating a major public education campaign in cooperation with ONDCP.

<u>Data Collection</u>

SAMHSA is strengthening the role of the States and increasing the availability of State-level estimates of youth drug use, so that

Governors and others will know where efforts are succeeding and where improvement is needed. SAMHSA has increased the sample size of its National Household Survey on Drug Abuse (NHSDA) to collect State-level estimates on marijuana, alcohol and tobacco use by the population age 12 and older.

E2. Additional Policy Background

1999 National Drug Control Strategy's Strategic Goal 1

The first Goal of the National Drug Control Strategy's Strategic Goal 1 is particularly relevant to the work of the CAPTs. To assist applicants, Goal 1 and it's objectives are listed below. Complete descriptions of the ONDCP policies and goals is available at www.whitehousedrugpolicy.org.

Goal 1: Educate and enable America's youth to reject illegal drugs as well as the use of alcohol and tobacco.

- **Objective 1:** Educate and enable parents or other care givers, teachers, coaches, religious leaders, health professionals, and community leaders to help youth reject drug and underage alcohol and tobacco use.
- **Objective 2:** Pursue a vigorous advertising and public communications program on the dangers of drug, alcohol, and tobacco use by youth.
- **Objective 3:** Promote family, school, workplace, and community zero tolerance policies for illegal drugs, alcohol, and tobacco use by youth.
- **Objective 4:** Provide grade K-12 students with a comprehensive and consistent alcohol, tobacco, and drug prevention education complemented by appropriate school policies.
- **Objective 5:** Support parents and adult mentors in encouraging young people to engage in positive, healthy lifestyles, and in modeling behaviors to be emulated by youth.
- **Objective 6:** Encourage and assist community coalitions and community-based programs in preventing drug abuse and underage alcohol and tobacco use.
- **Objective 7:** Create a partnership with the media and professional sports organizations to avoid the glamorization of illegal drugs and the use of alcohol and tobacco by youth.

Objective 8: Support and disseminate scientific research and data to better inform the public about the consequences of legalizing drugs.

Objective 9: Implement national prevention standards.

Objective 10: Support and focus attention on research including the development of scientific information and data, to inform drug, alcohol, and tobacco prevention and education programs targeting young Americans.

National Partnership for Reinventing Government (NPR)

In the September 1996 NPR report to the President, it is understood that technology allows the Federal Government to acquire and share information more quickly. But the idea is not to force people to use technology. When the government's customers choose technology options, the burden on other services that depend directly on face-to-face or voice-to-voice contact goes down, which means better service for those customers choosing the traditional routes. However, technology solutions are going to be cheaper, which is critical if the government is to improve customer service in a balanced budget world. In addition, the applicant is expected to comply with OMB Circular A-130 guidance regarding Federal information dissemination policy (http://www.npr.gov/library/omb/247a.html).

<u>SAMHSA Strategic Plan and Office of National Drug Control Policy Strategy</u>

The SAMHSA Strategic Plan provides the basis for the CAPT program priorities (www.samhsa.gov/stratpln/stplan.htm). Priorities for this program are also based on the Office of National Drug Control Policy Strategy's goals.

E3. Knowledge Development Phases- From Dissemination To Synthesis To Application

Knowledge Transfer and Application Principles

It is important that applicants understand the CSAP's distinction between 'dissemination' and 'application'. Dissemination is a process of broadly distributing information and materials. This is already being done by NCADI, RADAR Network and other programs. Application is the process of turning information into scientifically sound practical procedures that can be used effectively by prevention practitioners. The CSAP Knowledge Application Cycle can be viewed in Appendix E, Table E.1.

In their CAPT grant proposals, applicants must address each of the critical steps in this section. The most critical steps include:

- 1) Information dissemination (alone, it is insufficient for effective application and utilization):
 - a) Awareness of the purpose, functions, and effectiveness of a proven prevention technology.
 - b) Detailed knowledge of the underlying theory and implementation needed prior to making a "buying decision" regarding the prevention technology.
- 2) Application steps facilitated by a CAPT:
 - a) Skill acquisition regarding the application, use, and evaluation of the prevention technology.
 - b) Preparation of the organization in which the prevention technology will be used, to integrate and support its use.
 - c) Customization and/or re-engineering of the prevention technology to better fit the organization's context and environment to obtain improved results from the technology.
 - d) Routine use of the customized prevention technology by the CAPT's clients (e.g., State Incentive grantees (SIGs), the SIG subrecipients, other States and territories and their respective communities and prevention organizations).

This transfer process moves the knowledge and information 'off the shelf' or 'off the page' and into practice so that the CAPTs' clients rapidly get the benefit of the substance abuse prevention research in efficient, direct, and user-friendly ways.

As indicated above, the CAPT program's primary purpose is to take already available science-based knowledge from a variety of sources, package it into practical, user-friendly formats, and facilitate its adoption into the field. A variety of models for accomplishing this type of goal have been developed including Everett Rogers' "Diffusion of Innovations," Thomas Backer's "Technology Transfer and Utilization," and social marketing.

CSAP Knowledge Application Cycle

The tasks and functions of the CAPT program also need to be set within the context of the CSAP Knowledge Application Cycle. Table E.1, shown on the following page, organizes these to assist CAPT

applicants.

Table E.1 Tasks and Functions within the CSAP Knowledge Application Cycle

Research Organi	zation Functions
Defining substance abuse problems including incidence and prevalence.	Problems are defined, and knowledge developed by researchers and organizations such as NIH, SAMHSA, and universities.
2. Gathering, assessing and synthesizing knowledge through scientific methods.	Scientists and organizations such as the National Center for the Advancement of Prevention (NCAP) collect, analyze and synthesized science-based knowledge.
	Scientists publish prevention research findings in scientific and technical prevention journals to contribute to field knowledge.
Centers For The Application (CAPT)	Of Prevention Technologies' Functions
3. Adapting substance abuse prevention science-based knowledge into application products.	CAPTs repackage technologies in user-friendly, environmentally tailored and culturally appropriate prevention packages.
4. Conducting marketing and opportunity analyses for prevention technology transfers.	CAPT attract and serve State Incentive grantees, their subrecipients, and other States who are able and "ready" to transfer the technology to local organizations.
5. Assisting CAPT clients in applying effective, science-based prevention technologies.	Acting proactively, CAPT assist State Incentive grantees, their subrecipients, and other States in applying the innovations through TA, skills development, etc.
State Incentive Grantees A	And Other State Functions
6. Assisting organizations and practitioners in applying effective, science-based prevention technologies.	States directly provide information, training, and technical assistance services for local organizations and practitioners to apply prevention technologies.
7. The State Incentive Grantees (SIGs) provide synergies to State prevention planning and program delivery systems.	States may request CAPT assistance in these efforts.
Local Community and Preve	ntion Organization Functions
8. Learning about prevention science and participating in its advancement through science-based programs.	These States apply and modify technologies in their communities, and report on outcomes.
9. Customizing prevention programs for local contexts and applying prevention technologies obtained from such sources as the CAPTs, their State's prevention system, and from the prevention literature.	Local groups use and promote the modified, science-based prevention programs, policies, or practices.
10. Recording and reporting process and outcome data to evaluate program relevance and effectiveness	

E.4 CSAP Prevention Strategies

Six primary substance abuse prevention strategies have been outlined by CSAP as holding the most promise for the implementation of a comprehensive approach to prevention. These strategies and examples of successful efforts include:

- 1) <u>Information Dissemination</u> -- launching a communitybased media campaign to increase the perception of harm of marijuana use among youth and adults in that community. There is scientific evidence that increasing the perception of harm precedes a reduction in the use of a drug.
- 2) Education -- A school district adopts a comprehensive approach in all junior high schools that includes the Botvin Life Skills Curriculum, adoption of Schap's cultural environmental changes, policies that prevent youth from leaving school during lunch periods and breaks (so that they cannot purchase drugs), and a student assistance program that identifies and provides counseling to children of alcoholics and drug abusers.
- 3) Alternatives -- Since the National Structured
 Evaluation showed that skills enhancement can help
 lead to self-efficacy which appears to be a
 protective factor for drug abuse, a community
 implements an after school alternatives program
 that incorporates the learning of social and
 interpersonal skills as part of the program.
- 4) Problem Identification and Referral -- Managed care organizations implement a policy whereby all health care providers in their plan, who interact with 10-14 year olds, advise adolescent patients to not start using alcohol, tobacco, or marijuana, giving their adolescent patients compelling reasons why these substances are harmful to their healthy development. Scientific evidence exists to support face-to-face interventions for prevention.
- 5) <u>Community-Based Process</u> -- All communities within a

 State are mobilized to educate about and implement
 the regulations of the SYNAR Amendment, which is
 designed to decrease access and availability of
 tobacco products to youth.

6) <u>Environmental Interventions</u> -- A State increases its enforcement of 0.02 BAC (blood alcohol content) laws among under-aged youth.

E.5 Opportunity and Situational Analyses

Opportunity Analysys

Opportunity analysis is the process of identifying <u>naturally</u> <u>occurring</u> opportunities for partnering or collaborating on transfer and utilization efforts with other organizations.

In a knowledge transfer process, one looks specifically for opportunities for collaborating with organizations that are likely to produce the highest visibility, greatest application of innovations or new knowledge, and disseminate or replicate the innovation and produce significant outcomes.

The object of opportunity analysis is to identify organizations that are already doing, or clearly want to do, work in a mutual area of interest and who have already committed some planning or resources in that direction. The analysis uncovers situations where a transfer agent can easily fit their transfer interest into activities the organization is already engaged in, or is likely to publicize, or disseminate widely.

The analysis would ask respondents where they are headed with substance abuse prevention, how they are doing what they do, what they would need to do it better, how far they intend to go with it and whether they intend to disseminate it further in their organization or other organizations, and how that would happen.

Situational Analysis

In the process of offering prevention training to State agencies, health professionals, and community groups, the staff of the CSAP Training System have learned many lessons about the process of developing and delivering training to support prevention initiatives.

Situational Analysis is a process in which members of an organization endeavoring to undertake a learning experience: C Reach consensus on a shared vision
C Assess their capacity to reach the vision, and C Create a plan for learning that will allow them to succeed.

Situational analysis accomplishes three functions. First, it identifies local resources that are already present or that can

be mobilized to support training implementation. This process, called *leveraging*, helps ensure that learning will be successfully applied. The second function is to identify who should attend the training. The third is to ensure that participants come to the training with identified learning needs and the understanding that they will be held accountable for their learning.

Appendix F

REFERENCES

Andreasen, A.R., Marketing Social Change. Changing Behavior to Promote Health, Social Development, and the Environment, San Francisco, CA: Jossey-Bass Publishers, 1995.

Backer, T., David, S. and Soucy, G., eds. Reviewing the Behavioral Science Base on Technology transfer. Rockville, MD: NIH Publication No. 95-4053, 1995.

Backer, T.E. & Rogers, E.M. & Sopory, P., Designing Health Communications Campaigns: What Works?, Newbury Park, CA: Sage Publications, 1992.

National Cancer Institute, Making Health Communication Programs Work. A Planner's Guide, Rockville, MD: April 1989.

National Institute on Drug Abuse. Community readiness for Drug Abuse Prevention: Issues, Tips, and Tools. National Institutes of Health, Publication No. 97-4111.

Rogers, E.M. Diffusion of Innovations (3rd ed.) New York, NY: The Free Press, 1983.

Rogers, E.M., and Storey, J.D., "Communication Campaigns." In: Handbook of Communication Science, E. Berger and S. Chafee, (Eds). Beverly Hills: Sage Publications, 1987.

Sechrest, L., Backer, T.E., and Rogers, E.M. eds., Effective Dissemination of Health Care Information, Rockville, MD: US Department of Health & Human Services, Agency for Health Care Policy and Research, 1994.

Senge, Peter The Fifth Discipline. New York: Double day Press, 1990.

Appendix G RADAR Network Directory

Alaska Council on Prevention of Alcohol and Drug Abuse, Inc. Anjana Roy
4111 Minnesota Drive
Anchorage, AK 99503
(907) 222-5068 (800) 478-7738
(907) 258-6052
aroy@alaskacouncil.org

Drug Education Council, Inc. Virginia Guy
954 Government Street
Mobile, AL 36604
(334) 433-5456
(334) 433-5457
vguy@msn.net

Arkansas Department of Health
Bureau of Alcohol and Drug Abuse Prevention
Melissa Cawich
Freeway Medical Center
5800 West 10th Street, Suite 907
Little Rock, AR 72204
(501) 280-4500
(501) 280-4519
mcawich@mail.doh.state.ar.us

Department of Human Resources, Social Service Division Drugs and Alcohol Program Julia Foifua P.O. Box 27 Government of American Samoa Pago Pago, AS 96799 (684) 633-2696 (684) 633-1139

Arizona Prevention Resource Center Patti Hibbeler 641 East Van Buren Suite B-2 Phoenix, AZ 85004

```
(602) 727-2772
(602) 727-5400
patricia.hibbeler@asu.edu
```

Department of Alcohol and Drug Programs
Resource Center
Tony Cervantes
1700 K Street
Sacramento, CA 95814
(916) 322-3686 (800) 879-2772
(916) 323-1270
tcervant@adp.cahwnet.gov

Colorado Department of Human Services
Alcohol and Drug Abuse Division
Linda M. Garrett
4055 South Lowell Blvd.
Denver, CO 80236-3120
(303) 866-7508
(303) 866-7481
linda.garrett@state.co.us

Connecticut Clearinghouse John Daviau 334 Farmington Avenue Plainville, CT 06062 (860) 793-9791 (800) 232-4424 (860) 793-9813 info@ctclearinghouse.org

Office of Prevention and Youth Services
Addiction Prevention and Recovery Administration (APRA)
Phillip Beasley
1300 1st Street, NE.
Room 332
Washington, DC 20002
(202) 727-9074
(202) 727-0092
pbeasley@apra.dcgov.org

Office of Prevention Department of Services for Children, Youth, and Their Families Kim Gabrielli 1825 Faulkland Road Wilmington, DE 19805 (302) 892-4500 (302) 633-5114 kgabrielli@state.de.us or ybunchestate.de.us

Florida Alcohol and Drug Abuse Association 1030 East Lafayette Street Suite 100 Tallahassee, FL 32301-4559 (850) 878-2196 (850) 878-6584 fadaa@fadaa.org

Georgia Department of Human Resources, Division of MHMRSA Program & Policy Development Section
Mary Hassel
2 Peachtree Street, NW
Suite 23-203
Atlanta, GA 30303-3171
(404) 463-6355
(404) 657-2160
mhassel@dmh.dhr.state.ga.us

Department of Mental Health and Substance Abuse Remy S. Malig
790 Governor Carlos G. Camacho Road
Tamuning, GU 96911
(671) 647-5415
(671) 647-0276
rmaliq@health.org

Coalition for Drug Free Hawaii
Hawaii State RADAR Network Center
Lori Dakujaku
1130 North Nimitz Highway
Suite A-259 Street
Honolulu, HI 96817
(808) 545-3228 (808)532-5630
(808) 545-2686
cdfh@aloha.net

Iowa Substance Abuse Information Center

Cedar Rapids Public Library
Tressa Youngbear
500 First Street, SE.
Cedar Rapids, IA 52401
(319) 398-5133 (800) 247-0614
(319) 398-0476
tressa@crpl.cedar-rapids.lib.ia.us

Boise State University
Idaho RADAR Network Center
Georgia Girven
1910 University Drive
Boise, ID 83725-1860
(208) 426-4105
(208) 426-3334
ggirven@boisestate.edu

Prevention First, Inc.
Mary O'Brien
2800 Montvale Drive
Springfield, IL 62704
(217) 793-7353 (800) 252-8951
(217) 726-7390
obrienm@prevention.org

Indiana Prevention Resource Center
Indiana University Creative Arts Building
Barbara Seitz de Martinez
2735 East 10th Street
Room 110
Bloomington, IN 47408-2606
(812) 855-1237
(812) 855-4940
seitzb@indiana.edu

Kansas Alcohol and Drug Abuse Services
Kansas Department of Social and Rehabilitation Services
Judy Donovan
Credit Union 1 of Kansas-2nd Floor
610 SW. 10th Street
Topeka, KS 66612-1616
(785) 296-3925

(785) 296-0494 jad@srskansas.org

Department for Mental Health/Mental Retardation Services
Division of Substance Abuse
Dianne Shuntich
100 Fair Oaks Lane
4th Floor, 4E-D
Frankfort, KY 40621
(502) 564-2880
(502) 564-7152
dshuntich@mail.state.ky.us

Louisiana Office of Alcohol and Drug Abuse Tina Roper P.O. Box 3868 Baton Rouge, LA 70821-3868 (225) 342-9253 (225) 342-9253 (225) 342-3931 troper@dhhmail.dhh.state.la.us

Federated States of Micronesia Department of Health Services Joshua C. Phillip P.O. Box PS 70 Pohnpei, FSM, M 96941 (691) 320-5524 (691) 320-5524

Prevention Support Services
Suzanne Trottier
95 Berkeley Street
Suite 201
Boston, MA 02116
(617) 451-0049
(617) 451-0062
strottier@tmfnet.org

Alcohol and Drug Abuse Administration Department of Health and Mental Hygiene Jerry Biggers 201 West Preston Street 4th Floor Baltimore, MD 21201 (410) 767-6567 (410) 333-7206 dhmhl@erols.com

Office of Substance Abuse Information Resource Center Jo McCaslin
159 State House Station
AMHI Complex, Marquardt Building
Augusta, ME 04333-0159
(207) 287-8900
(207) 287-8910
Jo.McCaslin@state.me.us

Michigan Resource Center
Cindy Agle
111 West Edgewood Boulevard
Suite 11
Lansing, MI 48911
(517) 882-9955 (800) 626-4636
(517) 882-7778
info@WeAreMRC.org

Minnesota Prevention Resource Center Patricia Post 2829 Verndale Avenue Anoka, MN 55303 (612) 427-5310 (612) 427-7841 ppost@mph.org

Missouri Division of Alcohol and Drug Abuse Gerrit L. DenHartog 1706 East Elm Street P.O. Box 687 Jefferson City, MO 65101 (573) 751-9414 (573) 751-7814 mzdenhg@mail.dmh.state.mo.us

Department of Mental Health and Social Services Herbert Yamada P.O. Box 409

Saipan, MP 96950 (670) 323-6560 (670) 234-8930 health8@gtepacifica.net

Department of Mental Health
Division of Alcoholism and Drug Abuse
Dorothy J. McGill
1101 Robert E. Lee Building
239 North Lamar Street
Jackson, MS 39201
(601) 359-1288 (800) 233-7326
(601) 359-6295
dorothym@cnaccsys.com

Addictive and Mental Health Disorders Division DPHHS

Kenneth C. Taylor
P.O. Box 202951
1400 Broadway
Helena, MT 59620-2951
(406) 444-1202 (800) 457-2327
(406) 444-4435

North Carolina Alcohol and Drug Resource Center Betty Lane 3109A University Drive Durham, NC 27707-3703 (919) 493-2881 (919) 493-9392 dnprev@kih.net or atodresources@ibm.Net

North Dakota Prevention Resource Center
North Dakota Division of Alcohol and Drug Abuse
Charlotte Olson
600 South 2nd Street
Suite 1E
Bismarck, ND 58504
(701) 328-8824
(701) 328-8979
soolsc@state.nd.us

Nebraska Council to Prevent Alcohol and Drug Abuse

Karie Fushia 650 J Street Suite 215 Lincoln, NE 68508 (402) 474-0930 (800) 648-4444 (402) 474-0323 info@navix.net

NH Bureau of Substance Abuse Services
Kathleen Kopp
State Office Park South
105 Pleasant Street
Concord, NH 03301
(603) 271-6112
(603) 271-6116
kkopp@dhhs.state.nh.us

New Jersey Department of Health and Senior Services
Division of Addiction Services, Prevention Service Unit
Barry Hantman
120 South Stockton Street
P.O. Box 362
Trenton, NJ 08625-0362
(609) 984-6961
(609) 292-3816
bmh@doh.state.nj.us

State of New Mexico
Dept. of Health, Behavioral Health Services Division
Porfirio (Pilo) Bueno
1190 St. Francis Drive, Hearold Runnels Building, Rm N3101
P. O. Box 26110
Santa Fe, NM 87502-6110
(505) 827-2625
(505) 827-0097
pilojb@aol.com

New York State Office of Alcoholism and Substance Abuse Services Laura D. Perry 1450 Western Avenue Albany, NY 12203-3526

```
(518) 485-1768
(518) 485-6014
perryl@oasas.state.ny.us
Ohio Prevention and Education Resource Center (OPERC)
University of Cincinnati
Bonnie M. Hedrick
P.O. Box 210105
Cincinnati, OH 45221-0105
(513) 556-0440
(513) 556-3764
bonnie.hedrick@uc.edu
Department of Mental Health and Substance Abuse Services
Norma Janssen
1200 NE. 13th
Oklahoma City, OK 73117
(405) 522-3810
(405) 713-2413
njanssen@odmhsas.org
Oregon Prevention Resource Center (OPRC)
Suzanne Hubert
3414 Cherry Avenue, NE.
Suite 100
Salem, OR 97303
(503) 378-8000
               (800) 822-6772
(503) 373-7348
oprc@open.orq
Pennsylvania Department of Health
Research and Information Clearinghouse (PADOHRIC)
Chris Dubbs
652 West 17th Street
Erie, PA 16502
(814) 459-0245 (800) 582-7746
(814) 453-4714
pensahic@erie.net
Mental Helath and Anti Addiction Services
```

Priscilla Parrilla-Jacobs P.O. Box 21414 San Juan, PR 00928-1414

```
(787) 763-7575
(787) 751-6915
assmca@coqui.net
```

Ministry of Health
Behavioral Health Division Administration
Annabel Lyman
P.O. Box 6027
Korror, Palau, PW 96940-0504
(680) 488-1907
bhd@palaunet.com

Rhode Island Department of MHRH
Division of Substance Abuse
Kathleen Spangler
Barry Hall, Second Floor
14 Harrington Road
Cranston, RI 02920-3080
(401) 462-2351
(401) 462-0006
kspangler@mhrh.state.ri.us

South Carolina Dept. of Alcohol and Other Drug Abuse Services The Drugstore Information Clearinghouse Elizabeth G. Peters 3700 Forest Drive Suite 204

(803) 734-9559 (800) 942-3425

(803) 734-9663

Columbia, SC 29204

epeters@daodas.state.sc.us

Division of Alcohol and Drug Abuse
Department of Human Services
Paula Hallberg
East Highway 34
c/o 500 East Capitol
Pierre, SD 57501
(605) 773-3123
(605) 773-7076
paula.hallberg@state.sd.us

Tennesse Statewide Clearinghouse (TSC)

Sharon K. Williams
Dr. R.S. Gass Building
630 Hart Lane, Suite 100
Nashville, TN 37216
(615) 532-3579 (800) 889-9789
(615) 262-6144
tnclrhse@usit.net

Texas Commission on Alcohol and Drug Abuse
Laura Haneman
9001 North IH35
Suite 105
Austin, TX 78753
(512) 349-6642 (800) 832-9623
(512) 837-4058
Laura Haneman@tcada.state.tx.us

Utah State Division of Substance Abuse Sherry Young
120 North 200 West
2nd Floor, Room 201
Salt Lake City, UT 84145-0500
(801) 538-4633
(801) 538-4696
hsadmin1.syoung@state.ut.us

Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services/VA State RADAR Network Center Bernice Morgan 1220 Bank Street P.O. Box 1797 Richmond, VA 23219 (804) 371-7564 800-451-5544 (804) 371-0918 bmorgan@dmhmrsas.va.us

Division of Mental Health Prevention Unit Nicole Swan Barbel Plaza South 1st Floor St.Thomas, VI 00802 (340) 774-7700 (340) 774-4701 Alcohol and Drug Abuse Programs
Department of Health
Cathy Bellview
108 Cherry Street
P.O. Box 70
Burlington, VT 05402-0070
(802) 651-1572
(802) 651-1573
cbellvi@vdh.state.vt.us

Washington State Alcohol and Drug Clearinghouse Liz Wilhelm 3700 Ranier Avenue South Suite A Seattle, WA 98144 (206) 725-9696 800-662-9111 206-722-1032 staff@adhl.org

Wisconsin Clearinghouse for Prevention Resources
Nancy Kendall
1552 University Avenue
Madison, WI 53705-4085
(608) 262-7507 (800) 248-9244
(608) 262-6346
nkendall@facstaff.wisc.edu

West Virginia Library Commission RADAR Network Clearinghouse J. D. Waggoner 1900 Kanawha Boulevard, East Charleston, WV 25305-0620 (304) 558-0950 (800) 642-9021 (304) 558-2044 waggoner@wvlc.wvnet.edu

Wyoming Chemical Abuse Research & Education (CARE) Program
Susan Schaeffer
P.O. Box 3374
University Station
Laramie, WY 82071-3374
(307) 766-4119 (800) 895-1121

APPENDIX H

GLOSSARY

Application: The process of converting information into scientifically sound practical procedures that can be used effectively by prevention practitioners. Successful application requires several steps.

Best practices: Strategies, activities, approaches, or program which have been shown through research and evaluation to be effective in the prevention and/or delay of substance abuse. These practices can be either research-based or based upon promising practices evidenced by demonstration grant findings. For example, the criteria for promising community partnership/coalition practices look for whether these practices are prevention and needs related; partnership dependent and collaborative; multicultural; aimed at systems change; sustainable; replicable; and offer potential for cost savings.

Behavioral prevention strategies: Strategies that require an individual to make a personal effort to change lifestyle, such as reduction in alcohol intake and adherence to drug-free social activities.

CAPT Clients: States, particularly recipients of CSAP's State Incentive Grant funds; their community grantees; other US Territories/Jurisdictions/Tribes; and their prevention organizations and practitioners.

Clinical prevention strategies: Interventions conveyed by a health care provider to a patient, often within a clinical setting, such as screening and treatment for pregnant addicts, and monitoring of aftercare treatment.

Community grantees: Local recipients of State Incentive Grant funds (previously referred to as subrecipients).

Decision Support System (DSS): A new CSAP funded project to create and deploy a highly interactive program accessed through the World Wide Web. The purpose of the DSS provides rapid access to all the content areas and methods needed by a prevention practitioner. Examples include, but are not limited

to: assess local needs and resources; choosing an effective science-based prevention intervention program to help meet local program needs; viewing the intervention program manuals, evaluation measures; and obtaining schedules for useful staff trainings; coding and analyzing the selected prevention program's process and outcome data; and writing useful reports about the program results in the formats required by various funding sources.

Dissemination: Strategies to broadly share/distribute information and materials about science-based prevention innovations and promote their wider adoption.

Effectiveness: The improvement in health outcome that a prevention strategy can produce in typical community-based settings.

Efficiency: A measure of the relationship between inputs and outputs in a prevention strategy. Efficiency goes beyond effectiveness of a prevention strategy by attempting to identify the maximum health output achievable for a set amount of resources.

Electronic systems: Program management, staff, and customers can be geographically distant from each other, conducting portions of their activities via electronic communication rather than providing all services face-to-face. CAPT services (e.g., distance learning, technical assistance) are organized, managed, and delivered through electronic means. These vehicles include Internet applications such as e-mail, file transfer, conferencing, listservs, online events, and World Wide Web pages.

Electronic mail (e-mail): Electronic transmission of messages between local or remote workstations through use of local and wide area networks.

Electronic transfer: Telephone, computer, video, or other electronic means used to communicate and exchange information.

Government Performance and Results Act (GPRA): Enacted in 1993 to hold Federal agencies accountable for achieving program results. Its provisions were phased in over the years and

became fully effective in FY 1999. The law places increased emphasis on evaluation and the collection and reporting of performance data, particularly outcome data. The performance reporting requirements of this law may result in the need to request additional data, including client outcome data where appropriate, from funded programs.

Health communications: The crafting and delivery of messages and strategies, based on consumer research, to promote the health of individuals and communities.

Intermediate measure: The measure most directly associated with the intervention being evaluated, generally reported in terms of the service delivered, e.g., number of Web hits, number of technical assistance deliveries.

Knowledge transfer: Those efforts designed to move newly developed as well as underutilized prevention knowledge (i.e., theory, practices, and policies) from the "report stage" following completion of research into practical, useful guidance and application approaches for those working in the field.

Model programs: Prevention programs that have been rigorously evaluated and have repeatedly demonstrated positive outcomes.

Multi-level response system: For the purposes of the GFA, the levels refer to the various access points States have to knowledge transfer and technology transfer applications such as technical assistance, customized print and audiovisual resources, consultation at the client site, distance learning, teleconferencing, etc.

National Prevention System (NPS): The National Prevention System (NPS) is a composite of a myriad of public and private sector organizations having interest, responsibilities, and activities designed to reduce substance abuse in America. The NPS includes Federal, State, and local governments, businesses, national, and local organizations. It involves prevention researchers and providers, both those who are specialists in substance abuse prevention and practitioners from health and social service organizations who may influence substance abuse behavior or its precursors among their

clientele. At the local level, community coalitions, civic organizations, youth serving organizations, employers, and parents groups are largely responsible for designing, delivering and sustaining substance abuse prevention efforts.

National Prevention Network (NPN): A membership organization of State prevention coordinators. See Appendix E for NPN regions.

National Registry of Effective Prevention Programs (NREPP): This is a CSAP supported activity to gather nominations of examples of prevention programs that may be reviewed for their scientific merits and effectiveness. Programs discovered to have substantial evidence of scientific merit and effectiveness may be selected as "best and promising practice models" for dissemination and application.

OMB Circular A-130: Document issued by OMB (Office of Management and Budget) entitled Management of Federal Information Resources. This document provides uniform government-wide information management policies in such areas as information resources management planning, records management, and information dissemination policy.

One-stop shopping: Customer access to the government or private sector that allows connection to a full menu of services. This may be accomplished via kiosk, personal computer, telephone, or other means.

Opportunity analysis: The process of identifying <u>naturally</u> <u>occurring</u> opportunities for partnering or collaborating on transfer and utilization efforts with other organizations. The object of opportunity analysis is to identify organizations who are already doing, or clearly want to do, work in a mutual area of interest and who have already committed some planning or resources in that direction. The analysis uncovers situations where a transfer agent can easily fit their transfer interest into activities the organization is already engaged in, or is likely to publicize, or disseminate widely.

Outcome measure: The final health consequence of an intervention (e.g., drunk driving crashes prevented, quality-

adjusted life years).

Prevention: A proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing protective, healthy behaviors and lifestyles, and reducing the risks contributing to substance abuse and related problems.

Prevention/Intervention Program Classification (as defined by the Institute Of Medicine (IOM)): A system that can be used as a way to organize prevention/intervention programs and match them to the needs of the targeted populations. According to this classification system, prevention and intervention programs can represent <u>universal</u>, <u>selective</u>, and <u>indicated</u> efforts.

- -Universal prevention / interventions target general population groups without identifying those at particularly high levels of risk. All members of the community benefit from prevention efforts rather than specific individuals or groups within a community.
- -Selective prevention / interventions target those who are at greater-than-average risk for substance abuse. The targeted individuals are identified on the basis of the nature and number of risk factors for substance abuse to which they may be exposed.
- -Indicated prevention / intervention efforts are aimed at individuals who may already display signs of substance use/abuse. These types of programs provide intensive programming for individuals in order to prevent the onset of regular or heavy substance abuse.

Prevention effectiveness: The systematic assessment of the impact of public health policies, programs, and practices on health and costs outcomes.

Prevention Technical Assistance to the States (PTATS):
Provides guidance to the States in the areas of: 1) data
collection; 2) compliance with the provisions of the SYNAR
Amendment preventing the sale of tobacco products to minors;

3) managed care; 4) needs assessment and services allocation requirements of the block grant planning process; and 5) issues pertaining to standards and quality of comprehensive prevention programming.

Process measures: The set of criteria used to evaluate an intervention based on the measurement of either the quantity of inputs used (e.g., number of Web site hits) or the consultations delivered, by the intervention.

Promising Practices: Strategies, activities, approaches, or programs for which the level of certainty from available evidence is too low to support generalized conclusions, but for which there is some empirical basis for predicting that further research could support such conclusions.

Public health: The Science of (1) preventing disease, (2) prolonging life, and (3) promoting health and efficiency through organized community effort and application of public resources.

Resiliency (Protective) factors: These are factors (e.g., community environment, family environment, constitutional strengths, personality of the child) that may be taught or instilled in children and can provide some protection to youth at high risk for substance abuse problems. Their impact varies along the developmental process. Examples include: strong bonds with the family; experience of parental monitoring with clear rules of conduct within the family unit and involvement of parents in the lives of their children; success in school performance; strong bonds with prosocial institutions such as the family, school, and religious organizations; and adoption of conventional norms about substance use.

Risk factors: These are factors associated with greater potential for substance use/abuse, either as adolescents or as adults. Each factor represents a challenge to the psychological and social development of an individual and each has a differential impact depending on the phase of development. Examples include: chaotic home environments, particularly in which parents abuse substances or suffer mental illness; ineffective parenting, especially with

children with difficult temperaments and conduct disorders; inappropriate shy and aggressive behavior in the classroom; failure in school performance; and perceptions of approval of drug-using behaviors in the school, peer, and community environments.

Situation analysis: A process in which an organization reaches a consensus on a shared vision or programmatic outcome, assesses their capacity and readiness to achieve that vision or outcome, and creates a plan for learning and implementation of a new technology.

Skill development phase: A long-term joint venture with the customer organization, not an event or even a series of events. Includes situation analysis, internal evaluation, participant selection, individual learning plans, learning methods, learning communities, and institutionalization.

Social marketing: The application of commercial marketing techniques to communicate about health and social issues. Social marketing focuses on an identified target audience—attempting to persuade that audience, mainly through various channels, to adopt an idea, a practice, a product, or all three.

Target population: The audience to which your program and activities are aimed. Often referred to as the primary audience, those who are primarily affected by the issue and among whom you are trying to create change (e.g., drug abusing parents, young children).

Technology: For the purposes of this GFA, the term "technology" refers to "soft technologies" such as programmatic and administrative practices, models and strategies, training programs, counseling, and other procedural activities that encompass both the knowledge and expertise required to put prevention theories and strategies into practice.

Technology transfer: The systematic process through which skills, techniques, models and approaches emanating from research are delivered to and applied by practitioners and organizations, including the provision of technical assistance

concerning financial, psychological, and organizational challenges to the transfer process.

World Wide Web (WWW): A global "network of networks" providing communications between millions of computers and users. National and Government Information Infrastructures will be constructed from the same technologies used to implement the WWW. These include telecommunications linkages, switches, computers, network protocols, and network services for interoperation and transmitting data.

Appendix I

NPN-CAPT Regions and Their State Incentive Grants

The NPN regions are listed below with the States with State Incentive Grantees (SIGs) funded up through FY1999 presented in bold. Additional State Incentive Cooperative Agreement awards may be made in future years depending on available funding. CAPT grant applicants should propose annual budgets, with justification, that reflect any additional effort required for possible new SIG grantees in the proposed CAPT's region.

Central Region: North Dakota, South Dakota, Minnesota,

Iowa, Wisconsin, Illinois, Indiana, Ohio, West Virginia, Michigan, Red Lake Chippewa

Band

Northeast Region: Connecticut, Delaware, Maine, Maryland,

Massachusetts, Pennsylvania, Rhode Island,

New Hampshire, New Jersey, New York,

Vermont

Southeast Region: Alabama, District of Columbia, Florida,

Georgia, Kentucky, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, Virgin Islands, Virginia

Southwest Region: Texas, New Mexico, Colorado, Oklahoma,

Louisiana, Arkansas, Missouri, Kansas,

Nebraska

Western Region: California, Nevada, Utah, Arizona, Oregon,

Washington, Idaho, Montana, Wyoming, Guam,

Hawaii, Alaska, American Samoa,

Commonwealth of the Northern Mariana Islands, Federated States of Micronesia (Chuuk, Kosrae, Pohnpei, Yap), Marshall

Islands, Palau

Appendix J

CAPT Evaluation

This appendix contains:

- 1) CAPT GPRA Measures
- 2) Data Collection Procedures Including Client Related Data Management
- 3) CAPT Client Technical Assistance Contact Database Instrument
- 4) CAPT (Training) Events Database Instrument

<u>CAPT GPRA Outcome Measures/ Data Collection/</u> Management/Analyses

Each regional CAPT is responsible for conducting appropriate data collection and process evaluations of their activities, programs and products. During the first years of the CAPT program (1997 and 1998), the CAPTs formed a collaborative Cross-CAPT Evaluation Work Group to develop and refine a common set of client contact and CAPT service delivery process measures related to the Government Performance and Results Act (GPRA) (See CAPT GPRA outcome measures). The two-fold purpose was to assess the impact of the CAPT program both regionally and to assess the national impact of the CAPT collaborations in meeting client needs. The CAPT measures have been implemented in electronic formats that build databases in Microsoft Access. At the end of the CAPTs' second funding year (September 1999), there are two principal types of databases: The Technical Assistance Contact and Outcome Database, and The Events Database. The latter pertains primarily to training related activities. Applicant should see the databases instruments at: http://www.captus.org/exhibits/. Congruent with GPRA, the CAPT data are used to assess the CAPT program's benefits to the prevention field.

Data Collection/ Management/Analyses

Each CAPT is responsible for collecting data on the activities and information listed in the two CAPT databases. The CAPTs summarize their activities and provide quarterly reports to the CSAP CAPT program staff. The CAPTs may also provide their

data to a CAPT Technical Assistance Support Contractor that will aggregate these data across the CAPTs to permit reporting of the CAPT activities at the National level. The TA Contact data is used by CSAP to report on the CAPT GPRA outcome measures. Each CAPT is also responsible for the analyses of their respective regional data and for using their data in their regional quarterly reporting system. The CAPTs are responsible for the daily management of the databases with technical assistance from the CAPT TA Support Contract.

The original CAPT GPRA measures were not the most effective way to represent the CAPT Program's progress and impact based on discussions with the grantees. The National CAPTs Program has designed an instrument to be used across sites by their State and community clients. This instrument includes measures defined by the CAPTs which include measures that reflect the CAPTs' progress and impact in the field.

GPRA Outcome Measure - FY 1999 - CAPTs

Goal: To increase the number of scientifically defensible programs, practices, and policies adapted and sustained by the state incentive grantees and their subrecipients.

Measures

This FY 1997 project will be examined for the feasibility of transition to new measures, in addition to the measures stated The evaluation results of the National CAPT Program below. will indicate achievement of goals such as: increased accessibility to an application of proven substance abuse prevention strategies; expanded state and local capacity in the substance abuse prevention knowledge application process; increased access to and use of electronic methods in the region; and established regional capacity for ongoing mentoring and coaching. The National CAPT program also expects to learn about the science and art of knowledge application. For example, which delivery methods are most effective in helping communities adopt and sustain the use of science-based prevention programs, practices, and policies? What configurations of skill development and capacity-building activities produced the greatest systems change?

Program update/performance report: The original GPRA measures for the National CAPT Program were developed prior to award of the first round of the CAPT grants. Based on discussions with the grantees, these original measures proved not to be the most effective way to represent the CAPT Program's progress and impact. The National CAPTs Program has designed new measures to be used across sites for their State and community clients. CAPT grantees have discussed these measures with their clients and held several meetings on this topic with their associated SIG states. The CSAP is finalizing the new process and GPRA measures during FY2000.

- GPRA Measure 1: By FY 2000, there will be a 25% increase in the number of technical assistance contact hours and a 25% increase in the number of prevention technologies introduced to all SIGs and their subrecipients.
 - Rationale: States require sound technical support to ensure that their selection of prevention strategies, programs and policies (prevention technologies) are based on scientific evidence. The six Regional Centers were designed to work in close coordination and cooperation with NIDA, NIAAA, and the Departments of Justice and Education. The intent is to increase the number of proven prevention technologies adopted at the community level; assess how well the technology transfer activities were implemented; and provide ongoing technical assistance and capacity-building to these communities to ensure their successful adoption of prevention technologies.
 - <u>Baseline for FY 1998</u>: Recent establishment as both the State Incentive program and the CAPT program start up.
 - <u>Data source/validity of data</u>: CAPT common data evaluation database on CAPT Technical Assistance (TA) Contacts.
 - <u>Program update</u>: To ensure that the program needs of States and communities are met, the National CAPT program tailors its capacity-building services.

From the individual level through comprehensive systemic change at the community/state/regional level, the National CAPT program is committed to working together with community and State organizations to design technical assistance and skill development services that will significantly enhance their respective prevention systems as well as the overall prevention infrastructure across the region. Due to the regional nature of the CAPTs grantees, we expect that the close working relationships and responsiveness to our regional customers will result in the targeted increases described in measure 1.

- GPRA Measure 2:By FY 2000, past month substance use will decrease by 15% from the baseline among youth ages 12-17 (YSAPI measure).
 - <u>Rationale</u>: Comprehensive public education efforts can effect a change in the perception of harm and associated drug use by youth 12-17 years old.
 - FY 1997 baseline: FY 1995 NHSDA rates and FY 1998 individual State rates for alcohol, illicit drugs and tobacco.
 - <u>Data source/validity of data</u>: NIDA Monitoring the Future National High School Survey and SAMHSA National Household Survey on Drug Abuse. These are national surveys with known and established reliability and validity.
 - Program update: To get research findings into practical use at the local level, SAMHSA/CSAP uses an integrated delivery approach (i.e., knowledge development, knowledge synthesis knowledge, and dissemination knowledge application). Initially, new research information must be synthesized and repackaged for different types of users e.g., ranging from prevention professionals to community activists (e.g. SAMHSA/CSAP's National Center for the Advancement of Prevention). Information is then disseminated through multiple communication channels e.g., print, radio, TV, Internet, exhibits, to introduce it into the prevention field (SAMHSA's substance abuse and mental health clearinghouses, and media services).

However, provision of information alone does not cause behavioral change. In order to effectively bring about changes which will significantly enhance the delivery of substance abuse prevention services at the local level, the National CAPT program's knowledge application services (i.e., applying prevention that works) complete the cycle. The CAPTs program is one of the components of the integrated and simultaneously implemented YSAPI components that together will prove successful in achieving our target in measure 2.